







# **SEX, LOVE, AND EUGENICS**



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*A Modern Guide to Sexual Health  
and Happiness*

BY

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## INTRODUCTION

### I

CIVILIZATION to-day still suffers in a very considerable degree from the results of the attitude towards sex consistently adopted throughout many centuries by the Church and the State, and, in consequence, by the public generally. This attitude was basically wrong. Everything connected with the sexual function was held to be shameful and indecent. The mere mention of the word sex was itself anathema to the average respectable member of society. Even so ordinary, so common, so natural and so inevitable an affair as the birth of a child was referred to in euphemistic language, and the impression was conveyed to all who were young and unmarried that the baby had arrived in some miraculous way and had nothing whatever to do with sex.

Actually, when one comes to ponder over the whole matter, and to consider the way in which, for so many generations, it has been customary to deal with those vital questions of sex, which at one time or another affect every man, woman and child, one can only marvel at the stupidity of the attitude adopted in the past, and which, to a very big extent, is still adopted. Indeed, I am doubtful if stupidity is a strong enough word to use in describing society's reaction to so power-

ful and universal a force as the sexual function. Criminal would be a more fitting term, for, in thousands of cases, the ‘conspiracy of silence’ has been the sole or main cause of countless unhappy marriages ; it has constituted the reason for adolescents of both sexes finding themselves in trouble ; it has been indirectly responsible for thousands of men and women developing melancholia and hypochondria ; it has ranked as a fertile cause of sexual crime. In numerous cases these evils could have been avoided by a little more candour on the part of parents and teachers, or the availability of sex knowledge at the time when and in the circumstances where it was most needed.

This denial of sexual feeling and the relegation of its expression to a private and often secret rendezvous, is the same as if, whenever we feel the pangs of hunger or thirst, we were to retire to a cellar or a closet and there satisfy ourselves to the full, while publicly proclaiming that neither food nor drink is essential to life, and accusing of impropriety or indecency any individual who admits a liking for food or drink, or who allows anyone to witness his indulgence in such an appetite.

Until comparatively recently the attitude of Church and State to the question of birth-control resulted, for all practical purposes, in the restriction of information to the well-to-do classes, and drove thousands of women to injure their health and often to sacrifice their lives through attempted abortion. It condemned many more thousands to poverty, misery and invalidism

through recurrent pregnancies. Much has been and is being done to remedy these evils, but on a restricted scale they still exist. The most elementary humanitarianism calls for an extension of birth-control education for the masses.

## II

It is at last being realized by a considerable body of the public, that sex plays a most important part in the life of every individual. Biologists, sexologists, psycho-analysts and many of the more enlightened theologians have done much to bring about a more healthy reaction to sex. Despite the official condemnatory attitude towards certain aspects of practical birth-control (the result of an unfortunate and a somewhat ridiculous clause in the Comstock Act) in the United States, it is here that, so far as the English-speaking world is concerned, the most important developments in the reaction to sex and sexual themes have occurred. Eugenists, sociologists and physicians have pronounced their firm conviction that some control of child-birth, in the shape of contraception on the one hand, or a scheme of compulsory sterilization on the other, is advisable in the interests of the State.

The popularization of contraception (however it may have been brought about), the sexual emancipation of woman, the extension in the incidence of divorce, the newer reactions to and tendencies in marriage (particularly the delayed

age at which it is contracted), not only bring their own specific problems, but they contribute to the ever-increasing complications in modern sex life.

No one who elects to examine the present position can afford to ignore any one of the many and varied aspects of sex life. It is essential that each individual facet should be analysed and synchronized. Only in this way can a true and complete impression be gained and presented.

Here it is, in my opinion, that so many reformers go astray. They are content to deal with sex from the narrow viewpoint of its relations to one particular or isolated section of the major and composite problem. The whole is thrown out of gear by too great a concentration upon the one facet. And this is the crux of the matter. For any isolationist programme is bound to be a failure. Sexual physiology, pathology and psychology are too closely interlinked for any compartmental method of treatment to prove of value. On the contrary, often it has dangerous consequences and repercussions : witness the effects of the misleading and mischievous guides to sexual conduct published in such profusion during the latter half of the nineteenth century. Sociological tracts which, for prophylactic purposes, over-emphasise evils, usually end in creating equally serious problems of another kind.

Thus is indicated the object of this particular volume. It aims at surveying the sexual problems of the modern individual member of society in relation to the whole cosmogony of modern life,

and strictly in relation to present-day reactions, needs and exigencies. For this reason, it is not in any way selective in its programme. On the contrary, it is comprehensive in scope, and catholic in treatment. And it is essentially practical. It elects to provide all the sex instruction that every man and every woman should possess in order that they may be enabled to live healthy and happy sexual lives.



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# Sex, Love, and Eugenics

## CHAPTER I

### THE PLACE OF SEX IN LIFE

#### I

THE sexual appetite is just as natural to man and to other animals as is the appetite for food and drink. The very fact that sexual intercourse is *essential* for the continuance of the race provides complete evidence of this naturalness. The ancient Hebrews realized something of this when they subscribed to their tribal god's command to "be fruitful and multiply," and, at the same time, denounced the barrenness of woman and the practice of *coitus interruptus* by man.

Now, apart from sexual feeling and appetite being perfectly normal attributes, they are, in addition, among the most powerful of the forces operating naturally and spontaneously in the human race, as in all forms of animal life. The only force which exceeds sex in its power and universality is the need for food. Food is necessary for *individual self-preservation* and therefore exceeds in its potency the sexual urge which is necessary for race-continuation. The starving man is uninfluenced by sexual feeling. On the other hand, the well-fed man is extremely likely to be in a

state of sexual excitation : indeed, a full abdomen, in itself, exerts an aphrodisiacal influence.

Largely because of this, sexual appetite in man develops with civilization. The moment man becomes assured of adequate supplies of food, and is not compelled to spend the major portion of his time hunting for his next meal, his thoughts and attention are transferred to the next most important and powerful factor in his life—the satisfaction of the sexual impulse. We see exactly the same thing in animals which become domesticated, or, in other words, civilized. They are not obsessed with the need to satisfy hunger, because they are never hungry : in consequence, their sexual activities increase accordingly. Zoologists and aviculturists have testified to the great increase in sexual libido observable in animals and birds under captivity or in domestication.

The realization of the naturalness and the importance of sexual activity in man suggests the dangers which follow any attempts to suppress or to prohibit this activity, irrespective of whether or not such attempts are completely successful. It must also be realized that in the majority of normal individuals of both sexes, there is a certain amount of sexual repression. In many cases this suppression is unconscious. While the lack of consciousness of such repression undoubtedly does, to a certain extent, diminish its evil effects, it does not necessarily preclude them altogether. As the researches of Freud and other psycho-analysts have conclusively demonstrated, there are thousands of persons who suffer from hypochondria, neurasthenia, melancholia and other mental ailments

induced solely or largely by unconscious sex repression.

## II

To realize in any adequate sense the normality of these sexual forces and repercussions which have such profound effects upon the life of man and woman it is necessary to glance for a moment at the physiology of reproduction, and the development of bi-parental reproduction from asexual or parthenogenetic forms.

The unicellular organism represents the lowest form of life. It is typified in the amœba. All single-celled organisms reproduce by division, an operation which, granted the environmental conditions are of a favourable nature, can be continued indefinitely. Here sex does not enter into reproduction at all. There is merely a continual repetitive process in which the asexual unicellular organism apparently lives in perpetuity.

Asexual reproduction continues to occur in many multiple-celled organisms, notably in a miscellany of plants, and many of the lower forms of animal life—sponges, jelly-fish, sea-anemones, etc. As in single-celled organisms, there is continuous mitosis or fission, a group of cells, in this way, forming, in favourable circumstances and environments, new organisms.

The next step in the evolution of the reproductive process is the appearance of parthenogenesis, which, although representing a considerable advance upon fission, falls a long way short of bi-sexual reproduction. Parthenogenesis is the

name given to that form of reproduction where ova produced by the female of the species develop into new individuals solely through chemical or environmental influences. The male of the species, where there is sexual differentiation, has no part in the process.

The evolutionary process resulting in cell differentiation, that is, somatic cells responsible for the formation of flesh and bones on the one hand, and germ cells, concerned purely with reproduction on the other, in its highest and most complicated form, functions in what is termed sexual reproduction. Here the species takes two different forms : the male sex and the female sex. In both cases, cell production continues, the germ cells produced by the male being distinct from and complementary to those produced by the female. Segregated, each kind of cell is functionless. In order to carry on the work of reproduction, the germ cells produced by the male of the species come into contact with those produced by the female. This constitutes the phenomenon of sexual reproduction. The male germ cell, or spermatozön (sperm), unites with or penetrates the female germ cell, or ovum (egg). In other words, the female is fertilized by the male. This process of fertilization, or uniting of the sexes in the reproductive process, may take place in different ways.

In some instances the male and female germ cells are produced by the one individual. This phenomenon is termed hermaphroditism. The true hermaphrodite (in contradistinction to the pseudo-hermaphrodite in mankind) produces young

without copulation with any other specimens of its kind. The tapeworm, the sponge, the snail, many types of shell-fish, and crustacea, are all true hermaphrodites.

Sometimes fertilization is accidental. In the lower forms of life it is rarely anything else. Thus, in many plants, pollen (male sperm) is carried here and there by insects and birds, in prodigious quantities, and a proportion of this sperm reaches the ovules (female cells) of other plants. In the case of fish we see another step taken in the evolution of the sexual reproductive process. The female deposits eggs in selected places. These eggs are then fertilized by the male. There is no meeting and actual congress between the two sexes : all that happens is a biological process of union between spermatozön and ovum.

Finally, we arrive at Nature's supreme triumph in the phenomenon of reproduction, whereby the union of the spermatozön and the ovum is brought about by the meeting of the sexes in copulation. In this process the male and female are in intimate physical contact, and reproduction is transformed, by gradual evolutionary processes, from a purely chemico-biological automatic act into a pleasurable function, possessing, in its highest manifestation, potential psychological repercussions of the most profound importance.

There are distinct manifestations of this copulatory method of fertilization, governed by the manner in which the progeny is to be developed. In birds, after sexual intercourse, the female deposits the fertilized egg, subjects it for a definite period of time to the heat produced by her own

body, and finally produces the youngster as an independent unit. On the other hand, in man, and in other forms of mammalian life, as a result of copulation, fertilization and the formation of the foetus occur *inside* the body of the female.

The whole elaborate reproductive process has been devised to secure the fulfilment of Nature's aim : the continuation of the species. To this end, the various processes of reproduction must continue. In man, the method, selected and evolved by Nature, is that of sexual intercourse.

It should be sufficiently obvious, therefore, that in putting the sexual function to its proper, legitimate and natural use (the purpose of propagation) there can be nothing inherently sinful, wrong or unhealthy. The sexual impulse is, essentially and indisputably, a NATURAL impulse. It exists, and is capable of development, in every normal human being. As with every other natural impulse or function, however, it needs to be kept within definitely prescribed limits of expansion.

Because it is so natural, there is, and there should be, no need for any human being, no more than for any animal, to feel ashamed of the sex impulse, or of any of its outward manifestations ; no need to be afraid of referring to the genital organs. This applies to both sexes. Only when these organs are put to unnatural uses, or sex becomes an obsession, should shame or sin enter into the matter. Only when this natural impulse is diverted into *wrong* channels, when it is developed in *improper* or *perverted* ways, does it rank as a vice or an evil to be denounced and condemned, and its practitioners ostracized by society.

## CHAPTER II

### THE MALE AND FEMALE GENITALIA AND THEIR FUNCTIONS

**THE TESTICLES.**—Actually the most important parts of the male genitalia are the testicles. Without these organs it is quite impossible for fertilization to be effected. These testicles are contained in the *scrotum*, which hangs between the legs. In shape the testicles are oval, resembling eggs somewhat. Each measures about one and a half inches long, one and a quarter inches wide, and one inch thick : it contains a very large number of small tubules. These organs communicate, by means of long winding tubes known as the *vasa deferentia*, with the penis or organ of copulation.

It may be remarked here that in the majority of males one testicle (the left) hangs lower and appears to be larger than the other. This seeming anomaly is likely to give rise to much worry and anxiety when it is first noticed, the somewhat natural inference being that the left testicle is afflicted with some abnormality or disease which is causing it to swell, or, conversely, that the right organ is withering away. There is, however, no cause whatever for alarm. It is merely Nature's provision for the better accommodation of the two

organs in the scrotum, and for the prevention of the impingement of one upon the other.

The testicles perform a double duty. First and foremost they produce the seeds (spermatozoa), which play so vital a function in the creation of life. These spermatozoa are microscopic organisms, shaped like a tadpole, and capable of propelling themselves forward in a suitable fluid medium. Spermatozoa are produced by healthy testicles in prodigious quantities. Many biologists have presented estimates as to the rate of production, but they are guesses, for not only does spermatogenesis vary considerably in different individuals, but it also varies in the same man at different times and in different circumstances. It may be stated, however, that during the sex act the spermatozoa contained in the seminal fluid ejaculated by a virile male are numbered in millions.

The second function of the testicles is the production of what is termed a hormone. At the time of puberty (that is, around the age of fifteen years), the testicles begin to function in both directions. They produce the spermatozoa which enable the male to fulfil the part of fertilization, and they produce the hormone which has some share in causing the development of the secondary sexual characteristics.

**THE EPIDIDYMIS.**—Alongside each testicle is a large tube into which the secretion containing the spermatozoa flows. It is really a storage tank for the testicle, and a connecting link between that organ and the *vas deferens*.

**THE VAS DEFERENS.**—This is a tube or pipe of small diameter, connected at one end with the

epididymis, and at the other end with the urethra and seminal vesicles. As the epididymis becomes full of seminal fluid, it discharges its accumulations into the *vas deferens*, which carries the fluid along its two feet of length to the seminal vesicles and the urethra. There are two tubes : one is connected to each testicle. In a continent man these tubes, the epididymes and the seminal vesicles are all full of spermatic fluid. The *vasa deferentia*, it will be readily understood, play a vital and important part in the phenomenon of reproduction.

**THE SEMINAL VESICLES.**—These organs, which are situated one on each side of the urethral channel, are reservoirs for seminal fluid. They are connected with the *vasa deferentia* by ducts.

**THE PROSTATE.**—Situated near the base of the urinary bladder is this gland, the function of which is the secretion of a thick alkaline whitish fluid. This secretion forms part of the semen ejaculated during the sex act, giving to it its characteristic smell.

**COWPER'S GLANDS.**—These small organs secrete an alkaline fluid, which, during intense sexual libido, they discharge into the urethra. The discharge does not form part of the semen proper, but precedes ejaculation, neutralizing the acidity usually present in the urethra.

**THE URETHRA (WATER-PIPE).**—The urethral canal runs from the urinary bladder, piercing the penis longitudinally, and empties itself at the extremity of the male organ. It has two functions : (a) it discharges seminal fluid during the sex act, in the process of self-relief, and during involuntary emissions ; (b) it is the means of emptying the

bladder by urination. It is worthy of note that these two functions are independent of each other. When the penis is being employed in the performance of sexual intercourse, urination is impossible.

**THE PENIS.**—This is the name given to the sexual member or organ of copulation. Normally, the penis hangs flaccid, and is of comparatively small dimensions. Under the stress of sexual excitation, it becomes engorged with blood, is elongated and thickened, until it becomes considerably larger. In addition, the soft flaccid hanging member becomes rigid and elevated. Did this not happen, the act of coitus would be impossible, as only in a state of erection (as the rigid and enlarged condition is termed) can the male organ enter the female vagina.

The size of the member varies in different males. In its ordinary state, anything under two inches or over five inches in length may be considered exceptional. In an erect state the average length is six or seven inches, and the diameter one and a half to two inches. At the same time no uneasiness need be felt if there are variations from these dimensions.

It may be mentioned here that the size of the penis has nothing to do with sexual appetite, virility or fertility. It is not unusual for a man to imagine that because his penis is relatively small, he will be unable to engage in sexual intercourse, and in consequence he proceeds to worry about what he considers to be his sexual insufficiency. The female vagina actually becomes a tube or canal only when distended by the presence of the male member, or by some contra-

ceptive or other device. Normally the walls or sides of the vagina are in apposition, and during the sex act they grip the penis with constrictive force. The member reacts quickly and considerably to variations in temperature : every male is familiar with the shrinkage of both the penis and the scrotum during cold weather.

The most delicate part of the penis is the glans or terminal section, in which is the mouth of the urethral canal. It is, in the majority of men, the most sensitive portion of the sexual organ. The covering of this glans is not ordinary skin, but mucous membrane, protected by the loose piece of integument termed the prepuce or foreskin.

## II

Around the age of fifteen years the secondary sexual characteristics begin to appear, and the process of spermatogenesis commences. By this is meant that the ductless glands form the secretions which cause the male secondary sexual characteristics to develop, and the testicles produce, in millions, the seeds or spermatozoa which are essential for the process of fertilization.

Now if anything is wrong with this process of spermatogenesis the result will be that the individual is sterile. Only, in most cases, he will be quite unaware of this condition.

It is when the secretions of the testicles and of the other glands which regulate sexuality are interfered with or stopped that he will become fully aware of something being wrong. The gland which has most effect upon sexual characteristics is the pituitary. For instance, should this gland

fail, in any complete sense, to function before and at the customary age of puberty, the unfortunate victim will remain in a sexually infantile condition. Similarly if there is anything wrong with the testicular secretion, the whole metabolism is affected.

Every individual is to some extent bisexual : that is, every male has a certain amount of femininity produced by the restricted activities of feminine hormones ; while every female has similarly a certain amount of maleness produced by the restricted activities of male hormones. This is perfectly natural. If, however, through any cause, the prolificacy of the male hormone production is reduced, or, in other words, the secretions of the pituitary gland and the testicles are interrupted, slowed down, or otherwise adversely affected, the degree of maleness is correspondingly restricted. Conversely, if the feminine producing hormones gain the upper hand, instead of becoming virtually extinct, there are certain to be complications. The extent of the effects of this abnormal functioning of the glands which produce the hormones depends to a considerable extent upon the age of the male at the time when the disturbance or abnormality appears.

By a series of experiments conducted upon guinea-pigs and rats, Steinach demonstrated that the transplantation of sex glands altered the whole sexual make-up of the animal, the extent of the metamorphosis depending upon the age at which the transplantation was effected. If ovaries were implanted in young castrated males, the secondary sexual characteristics of the female developed ;

while, in similar fashion, females, after the grafting of testicles was successfully accomplished, took the male part in coitus (see Chapter XX).

In nearly every case the disturbances start in childhood, sometimes before birth. It is in such cases that we are confronted with the phenomenon of pseudo-hermaphroditism, where the external genitalia and secondary sexual characteristics are so insufficiently or abnormally developed that it is difficult or impossible to determine the true sex. These external genitalia are imperfect. Often the penis is so small that it has all the appearance of an enlarged female clitoris.

In all such cases the decisive factors in establishing sex are the internal gonads, *i.e.* the testicles or the ovaries. It often happens, however, that an individual having testicles capable of functioning to some degree, has outward feminine characteristics : such a person is a male hermaphrodite. Another individual possessing ovaries has an enlarged clitoris, which simulates the appearance of the penile organ, together with the secondary sexual characteristics of the male : this is a case of female hermaphroditism. In both instances the illusion is heightened, in many cases, through the acceptance from birth of the wrong sex, and the adoption of the attire and mannerisms of this sex. Many such instances have been recorded in medical literature.

True hermaphroditism, in contradistinction to pseudo-hermaphroditism, implies the presence of both a testicle and an ovary in the one individual. Many of these hermaphrodites are capable of living alternately as males and females. Hirsch-

feld, in referring to the accounts of menstruations and seminal emissions occurring in the same individual, says such statements are not to be described as wholly apocryphal. It is, too, a not altogether impossible assumption that there may have been rare cases where the same person has fertilized a female and become pregnant as a result of intercourse with a male. Self-fertilization is impossible and all accounts of such phenomena are fictitious.

### III

The female reproductive system is more elaborate than that of the male, although it is not so apparent to the observer. The more important parts are effectually concealed.

**THE OVARIES.**—Situated in the abdominal cavity are these two oval bodies which play such a vital part in the life of the woman from the time of puberty until the 'change of life.' Their importance is analogous to that of the testicles in man, for without the proper and adequate functioning of one of these organs, it is impossible for woman to achieve the crowning object of her existence, that is, the propagation of life.

The ovaries produce the eggs which, when fertilized by the male spermatozoa, result in conception and pregnancy. Approximately once a month, one of these eggs ripens and detaches itself from the organ. Once this has happened the egg, or ovum, as it is called, is capable of being impregnated, if, at any stage during its journey from the ovary into the womb, it comes in contact with a virile male spermatozoon.

The production of eggs, although of vast importance in Nature's scheme of things, is by no means the one and only function of the ovaries. Like the testicles in man, the ovaries produce and discharge a secretion. And just as the testicular secretion has much to do with the quality of maleness in man, so does the ovular secretion play a considerable share in developing the quality of femaleness in woman.

**THE UTERUS OR WOMB.**—Ranking next in importance to the ovaries, is the womb which, again, is situated in the abdominal cavity. The urinary bladder is immediately in front of it and the rectum behind it. Because of its situation in relation to the excretory organs, the womb is easily forced into an abnormal position as a result of pressure exercised by a full bladder on the one hand and a full rectum on the other. For this reason, unheeded and long-standing constipation is a cause of much womb trouble in women.

Normally the womb is some three and a half inches in length, and at its broadest point about two inches across. It is pear-shaped, the narrow end having a downward inclination. Owing to the fact that the womb is the housing place for the baby during the nine calendar months of the gestation period, its walls, composed of muscular tissue, are extremely elastic.

The organ consists of three parts : the topmost portion, to which are attached the oviducts or Fallopian tubes ; the cavity or interior, where pregnancy usually occurs ; and the neck or narrow bottommost portion, which contains the cervical canal and cervix, and represents the channel

communicating with the vagina. It is through this neck or canal that the spermatozoa must pass in their journey to the Fallopian tubes, and through which the foetus is pushed during the process of childbirth.

**THE FALLOPIAN TUBES OR OVIDUCTS.**—Each measuring some six inches in length, these two tubes, of extreme narrowness at the points of attachment to the womb, gradually widen until the free open ends which are near the ovaries become trumpet-shaped, providing easy entrance for the ova as they ripen.

These tubes, because of their small bore, are easily blocked by the mucus produced through inflammatory processes, and this condition, it may be here remarked, is perhaps the commonest cause of sterility in woman. Unfortunately, too, salpingitis, as the malady is termed, can exist for years without the victim being aware of its presence. To cause sterility, however, both tubes must be blocked simultaneously.

**THE CERVIX AND CERVICAL CANAL.**—If a finger is inserted into the vaginal passage and pushed to the extremity of this passage it will come up against a knob-like piece of flesh. This is the cervix. In this protuberance is a small opening, varying in size according to whether or not the woman has given birth to a child. This opening is termed the external os (mouth), and is the entrance to the canal or passage, measuring an inch or so in length, which leads directly into the uterine cavity. The opposite and internal end of the canal, where it enters the body of the uterus, is termed the internal os. This canal is of the

greatest importance. It provides the means for the spermatozoa discharged by the male during sexual intercourse to enter the womb.

**THE VAGINA.**—This, perhaps, is the portion of the female genitalia with which the average woman is most familiar. It is a canal connecting the womb, at its cervical end, with the exterior of the body. The menstrual blood at the monthly periods, 'the whites,' and any other fluid products of inflammatory or other pathological processes occurring in the womb, cervix or vagina itself, are discharged through this canal.

It is important that the vagina should not be confounded with the urethra (water-pipe). Both channels discharge near each other, and are covered or protected by the loose folds of flesh which form the lips of the vulva. In most females, after the passing of the virginal stage, the urethra is smaller than the vagina, due to the extensive widening of the latter passage. The vagina is the opening nearer the anus (back passage).

**THE HYMEN.**—In the woman without experience of sexual intercourse, the entrance to the vagina is *usually*, but not always, partially occluded. It is covered with a thin membrane (termed the hymen), except for a small opening designed to allow the discharge of the menstrual fluid. Normally this opening will admit the insertion of the little finger only. In rare cases, there is no opening at all, the vaginal entrance being completely blocked. It is in such circumstances that the commencement of menstruation is prevented and the services of a surgeon must be secured.

This membranous covering varies consider-

ably in different women. In some cases it is extremely tough and thick, presenting an obstacle which only a young and sexually virile male can overcome. With advancing age the hymen naturally becomes tougher. All women who have hymens of this character, whether the toughness and tenacity are present at puberty or result from advancing age, should consider the advisability of consulting a surgeon with a view to artificial dilatation (see Chapter VIII).

On the other hand, the membrane may be extremely thin or delicate and rupture so easily that the sexual act is not necessary to ensure this. Women with hymens of this type are extremely likely, when the usual signs of the loss of virginity fail to show themselves, to find themselves unjustly accused of having had pre-marital experience of sexual intercourse. These signs are the obstacle to penetration provided by the intact hymen, and the haemorrhage which occurs when the membrane is ruptured.

Apart from the actual thickness of the membrane, in some women, the hymen is of such a nature that it gives before the pressure of the intromitted penis, in which case there is neither rupture nor haemorrhage.

Among certain primitive South American tribes, notably the aborigines of Brazil, and among the Chinese and Japanese, the hymen is destroyed early in the girl's life as a result of the regular hygienic attention which is given to the vagina, first by the mother and later by the girl herself.

**THE CLITORIS.**—This small erectile organ, which bears a striking analogy to the male penis, is

situated close to the vaginal entrance. It is, in most women, the principal seat of voluptuous sensation. During the sex act the rubbing of the male organ against the clitoris induces the pleasurable sensation which culminates in orgasm. Like the penis, the clitoris increases in size during sexual excitation.

There are exceptional cases of the clitoris being of abnormal size, as in many instances of pseudo-hermaphroditism, where it is mistaken for the male organ. In some primitive African and South American tribes clitoridectomy (surgical excision of the clitoris) is practised.

**THE URETHRA.**—In the female, the urethra serves one purpose only. It constitutes the means of emptying the urinary bladder, with which it is directly connected. Partly because it has one function only, and partly because it measures under two inches along its total length, it is much less likely to be blocked or otherwise incommoded than is the corresponding male organ. Also the female urethra is wider than the male. The orifice is situated between the lips (labia), and close to the vaginal opening, which explains the confusion between the two openings, which confusion is so common. Indeed many girls and women are unaware of the existence of *two* openings, being under the impression that the menstrual discharge and the urine come from the same orifice. If, however, a finger is inserted between the labia, the two openings are easily identifiable. The urethral orifice is the *first* opening ; that is, the one nearer the abdomen (see also the reference in the preceding paragraph headed *The Vagina*).

**SKENE'S, LITTRÉ'S AND BARTHOLINI'S GLANDS.**—In the immediate vicinity of the urethral orifice are two small glands known as Skene's glands ; in the mucous membrane which lines the urethral canal are to be found the tiny glands of Littré ; while close to the vaginal orifice are two other similar but larger ducts, the glands of Bartholini. The purpose of the last named is to produce a secretion during sexual excitation and especially during the act of coitus. Many females, especially during adolescence and the early months of married life, experience a feeling of 'wetness,' during sexual excitement, due to the activities of these glands. The secretions provide important contributions towards the proper performance of the sex act, as without the lubrication thus provided coitus is not likely to prove so satisfactory : there may be difficulties as a result of excessive dryness of the vagina, or abrasions of the male organ may result from intercourse.

**THE LABIA.**—The openings into the vagina and urethra are covered and protected by two sets of lips or fleshy integuments, known as the *labia minora* (inner lips) and the *labia majora* (outer lips). It is necessary, in the young and virgin woman, to part these lips with the fingers in order to expose the inner sexual organs. In older women, and especially those who have given birth to several children, the lips are open.

**THE MONS VENERIS.**—This is the term given to the mound of flesh covered with hair, which surrounds the entrance to the woman's private parts.

**THE PERINEUM.**—Between the vulva and the

anus is a space of a few inches only. It is known as the perineum. This part of the female body is often torn or injured during the process of child-birth. The muscles of the perineum play an important part in coitus; with age or damage during parturition these muscles lose much of their elasticity and power.

**ANUS (BACK-PASSAGE).**—Although, strictly speaking, the anus does not come within the category of the sexual genitalia, it is of such importance, and is so easily infected with the same bacteria as attack the sexual organs proper, that I think some reference to it is advisable.

The anus is the opening through which the contents of the rectum are expelled, and for this reason, unless the strictest hygienic measures are taken, is always frequented by bacteria, which may find their way into the genital passages. Although these remarks apply to both sexes, the danger is very much greater in the female than the male, and there is, in the case of venereal disease, a decided risk of the infection being conveyed from the vagina to the anus. After defecation (and this applies to both sexes equally) *the hands should be washed*. This precautionary measure is, I regret to say, not by any means always observed.

#### IV

In the female the analogous process to spermatogenesis is ovulation. Much confusion exists in the lay mind between ovulation and menstruation, many persons being of opinion that they are merely different names for the same phenomenon. Actually the two processes are distinct, and while

ovulation can occur without menstruation, the converse is impossible.

Approximately once a month an egg matures and is detached from one of the ovaries. It then commences to travel through the adjacent oviduct. If, during its journey along the Fallopian tube, this egg meets with a male spermatozoon, fertilization takes place, followed in most instances by conception and pregnancy. On the other hand, if the egg does not meet with any spermatozoon, it continues its journey through the genital passages and is ultimately discharged from the vulva. All this occurs without the female being in any way aware of the phenomenon, for the simple reasons that, in the first place, she has no means of knowing when exactly ovulation is taking place, and, secondly, the egg is not visible to the naked eye.

The fertilized egg normally embeds itself in the wall of the uterus, where development gradually occurs. From the moment in the life of the female when conception ranks as a possibility, that is, from the time when the ovary begins to shed its matured eggs, the womb, each month, prepares itself for the reception of the egg in the event of fertilization. The uterine mucous membrane undergoes changes designed to provide an environment in which the fertilized egg can embed itself and develop satisfactorily, and a supply of blood is provided which is destined to meet in abundance all requirements of the impregnated ovum.

In the virginal woman, at all times, and in the married woman, on most occasions, no fertilization occurs. The result is that all this elaborate

preparation is to no avail. What does follow, in such cases, is the process known as menstruation. The womb, at intervals coinciding with the period which elapses between the detachment of one ripened egg and another, sheds its superficial lining and accumulated blood. The discharge of this menstrual fluid, as it is called, is not coincident with the occurrence of ovulation (as was at one time believed) but takes place about a fortnight *later*.

The length of the menstrual cycle (*i.e.* the number of days between the commencement of one menstrual flow and the commencement of the next succeeding one) varies greatly in different women. It may be as brief as twenty days : it may be as extended as forty. It may be extremely regular, varying no more than a few hours, time after time ; or it may be most erratic, jumping about between the extreme limits of twenty and forty days.

The appearance of menstruation is usually heralded by certain characteristic symptoms, varying considerably in number and degree in different females. The most marked of these are general weakness and tiredness, headache and nausea. There may be swelling and tenderness of the breasts, discomfort in the abdominal region and constipation.

As regards the discharge of blood and debris from the womb, this varies very considerably both in extent and duration. There are instances where the bleeding continues so long, is so extensive, and accompanied by so much pain, that the victim is so seriously disturbed that she may have to go to bed for a few days : a condition which may easily

have psychological repercussions. On the other hand, the visible manifestations may be of so slight a nature that the discharge not only ceases in a day or so but causes no ill-effects or inconvenience whatever, and involves not the slightest disturbance of normal life.

It should be noted that during the first twelve or eighteen months after the commencement of menstruation, the intervals that occur between successive periods of bleeding may exhibit a considerable degree of irregularity.

When once menstruation has settled down to be a constant phenomenon ; that is, after the first eighteen months or so, it may be expected to become regular. Indeed, *regularity is the keynote of normal healthy menstruation* : regularity in its duration, in the extent of its flow, in its periodicity. Provided this regularity is preserved, it matters little whether the bleeding is slight or heavy, restricted or extended in its duration, and occurring at short or long intervals. The disturbance of this regularity constitutes a danger signal which should in no circumstances be ignored. If for no other reason than this, *every adult female should keep a record of her menstrual cycles and those of her daughter (if she is a mother), noting their various lengths, the extent and character of the flow*, and should compare one cycle with another. Any sudden departure from what is normal should be the subject of the keenest vigilance. Bleeding between the usual periods, which sometimes happens, like any other irregularity, is an indication that something is wrong. In all such cases medical advice should be secured with the minimum amount of delay.

C H A P T E R   I I I

SEXUAL HYGIENE FOR ALL

I

ONE of the most catastrophic results of society's reaction to sex, as a result of the taboos imposed by the State and the Church, is the neglect of personal hygiene. The point may be an unpalatable one, but the fact remains that the vast majority of men and women, and almost all children, never give their private parts adequate attention. Their genitals are in an incomparably dirty state.

The trouble begins at the earliest stage in existence, and is developed through childhood to adolescence. The infant, from the moment it can walk and talk, is trained to make a secret of the natural processes of evacuation, and gradually but surely the shamefulness of any reference to these processes is evolved. The result is that such ordinary and everyday matters as emptying the bladder and evacuating the bowels, become secret affairs, to be referred to, if at all, in susurrated accents and euphemized language. Any references to these essential processes, any questions concerning the genital parts, are forbidden by parents : the child is promptly told that these subjects must not be discussed, or that he or she is too young to know anything about them. The whole question of sex and sexual hygiene is summed up in the attitude of the older generation towards the young,

embodied in the reiterated commandment—don't think about your private parts, don't talk about them, and above all, don't touch them.

The full calamitous results of this parental attitude manifest themselves at the time of puberty, when the testicles and ovaries begin to function and sexual libido is really aroused or is in a position to respond to erotic stimulation. The adolescent is not encouraged to revise his attitude towards the sexual apparatus. And so, with the coming of puberty, when sexual hygiene becomes increasingly important, the youth sees no reason for keeping his private organ clean, nor does the girl, with the onset of menstruation, see any reason for ablutionary measures in connection with her vulva and vagina. The result of all this is, as I say, that in most cases, in adult life, the penis of the male and the vulva of the female, are in an indescribably filthy condition. They are in a state eminently favourable to infection by many varieties of bacteria, ranging from the deadly gonococcus to the non-venereal streptococcus.

Actually, the technique of genital cleanliness is simple. In the male, all that is necessary is to *wash the whole of the private parts once daily*. But the washing should be done *thoroughly*. By this I mean, it is not sufficient to sponge the exterior surface of the penis, or to dip the organ in water, as happens when one has a bath. The prepuce or foreskin, *i.e.* the loose piece of skin which covers the end portion of the penis, must be drawn back with the fingers so as to expose the whole surface of the glans, and washed thoroughly with warm

soapy water. A sponge or a pad of cotton wool is necessary to loosen and remove the yellowish soapy material (*smegma*) which collects under the foreskin. There is no need to use a disinfectant or an antiseptic : in fact, owing to the extreme sensitiveness of the gland of the uncircumcised male, a disinfectant may cause smarting and soreness. Plain soap and water will do all that is necessary. If there is any soreness present, boracic powder should be dusted on the part affected.

In the female the process is not quite so simple. The genitalia are much more complicated and more difficult of access than are those of the male. In the vulva and the vaginal passage, are countless tiny nicks and crannies, which provide innumerable hiding places for dirt and bacteria. Luckily for woman, the vagina offers powerful resistance to the effects of both filth and bacteria, but even so, as long as they are present in this passage, there is risk of their conveyance, in one way or another, to the very much more vulnerable womb. Also, when the vagina and adjacent parts are dirty, there is always a risk of the development of leucorrhœa ('the whites'), and almost invariably is there present an offensive smell.

The usually recommended method of cleansing the female genitals is by douching, and the trouble involved with this procedure is often sufficient to deter the woman from starting the practice or to cause its speedy abandonment after initial experiments. It must be admitted, too, that in respect of many thousands of women, there are

available no adequate facilities for douching ; while in innumerable other instances, owing to the need for early departure for work and possible inconveniences attending the operation at any part of the day except early morning, the douche is impracticable. In all such cases, however, there is no reason for lack of sexual hygiene. There is available an excellent alternative method.

This alternative method is known as 'swabbing.' The technique is simple. All the apparatus required comprise a basin of warm water, and a pad or ball of cotton wool or other clean material. This material is dipped into the water, and the whole of the genital parts 'swabbed' or washed thoroughly. Care should be taken to get into all the folds and intricacies of the vulvar opening ; and, wherever possible, the vaginal passage itself should be thoroughly cleansed. If desired, a little bicarbonate of soda may be added to the water, but no antiseptic should be used.

If, for any reason, douching is preferred, and there are the requisite facilities for its proper employment, the correct technique should be carefully carried out. Careless douching is useless and, in addition, may well prove dangerous to health. There are two types of syringe commonly employed : the fountain irrigator and the hand- or bulb-syringe. The first-named is far preferable, as it irrigates the vagina more thoroughly, and is less likely to introduce infective organisms. The hand-syringe is the more popular as it is much simpler to operate, and can be employed in circumstances where the use of the more cumbrous apparatus is ruled out.

The fountain type of syringe consists of a can which must be fixed to the wall, or in some other high position, so as to ensure sufficient pressure, and filled with warm water. Attached to this container is a tube, some four or five feet in length, with a nozzle for insertion into the vaginal passage. With the hand-syringe, all that is required, in addition to the appliance itself, is a vessel containing about three pints of water, and a receptacle for the outflowing fluid. The syringe is repeatedly filled with water, which is injected into the womb by squeezing the rubber bulb. This type of syringe has the great advantage of being available in almost any circumstances. The appliance can be packed in a small travelling-bag, and used without inconvenience when staying in a hotel or visiting friends.

Whichever type of syringe is selected, care should be taken, when purchasing the appliance, to ensure that the tip or nozzle, which is designed to enter the vagina, is at least half an inch in diameter. This warning is necessary as there are on the market many syringes with nozzles of fine bore, capable of penetrating the cervical canal. Such a syringe is particularly *dangerous*, as fluid of any kind which is forced into the womb may pass through the oviducts into the abdominal cavity and cause peritonitis. Attempts to induce abortion by injecting liquid into the womb have had dangerous and often fatal results in precisely this way.

The water used should be warm. No disinfectant or antiseptic should be added to it. The best position to adopt in douching is to lie

on the bed with the face upwards. A rubber sheet may be used to prevent wetting the bed-clothes. An alternative but less comfortable and less efficacious method is the adoption of a squatting or sitting position. Douching should never in any circumstances be attempted while standing : it is a waste of time and effort.

Genital cleanliness is especially necessary during the period of menstruation. The common notion that the private parts should not be touched with water at such a time is one of those fallacious notions which are responsible for untold harm. The only caution necessary is that the water *must be warm*. *A cold douche is at all times dangerous : it is doubly dangerous during menstruation.* At least once, and possibly twice, a day during the course of the discharge should the vulva and vagina be 'swabbed' out or syringed. Failure to do this usually leads to the accumulation of dried blood and debris on the lips, and, especially on the mons veneris, often accompanied by an offensive odour.

To collect the discharge, 'sanitary towels' or clean pieces of white cloth should be used, and changed frequently. Much depends upon the extent and duration of the flow, but on the average, one 'towel' a day should be adequate.

The insertion of a rubber vaginal cap (something like a contraceptive pessary) to catch the menstrual discharge, the 'packing' or 'plugging' of the vagina with a tampon, or the adoption of any other method of 'stopping' the flow of blood, is *not recommended*. With any such procedure there is invariably a decided risk of infection or

inflammation in the cervix, womb, tubes, or even the ovaries, in consequence of the stoppage of the outflow of fluid. The same thing applies where any attempt is made to stop the discharge known as 'the whites.'

## II

In both sexes, failure to attend to genital hygiene leads at first to discomfort and possibly nothing more serious than a disagreeable odour coming from the private parts ; but if the neglect continues, pathological conditions quickly develop, the most troublesome of which are balanitis and balanoposthitis in the male ; vaginitis and pruritis in the female ; and urethritis, pediculosis and scabies in both sexes.

*Balanitis* is an inflamed state of the glans penis. There is usually a discharge from the swollen surfaces and an offensive odour. It is quite distinct from venereal disease, though often mistaken for gonorrhœa. The cause is almost invariably a dirty state of the penis, with the collection of smegma under the prepuce. The condition, unless neglected over a long period of time, is in no way serious, as application of mild and simple antiseptics such as boracic acid or permanganate of potassium in solution will usually effect a cure. It is of first importance that the most mild case of balanitis should receive *immediate attention*. The most serious feature of neglect is not concerned with the actual consequences or progress of the condition, but the additional risk involved of contracting syphilis or chancroid as a result of sexual promiscuity.

*Balanoposthitis* is an extension of balanitis, insomuch as the prepuce is affected as well as the glans penis. Where the prepuce alone is affected, the inflammation is termed *posthitis*.

In *Vaginitis* the inflammation is restricted to the female passage. Owing to the resistance of the vagina to infection, it is a much rarer condition than inflammation of the cervix, known as *cervicitis*.

*Pruritis* is a disease of dirt and neglect. It is common among women of the slums who fail to keep themselves clean. In rarer cases it may be due to the use of strong irritant poisons for antiseptic purposes, or to excessive or neglected leucorrhœa. The most marked symptom is persistent itching to an extent which causes the avoidance of scratching to be only possible by the exercise of strong will power. Tincture of iodine, applied to the affected parts with a brush, is perhaps the most effective treatment.

*Urethritis*, or inflammation of the urethral channel, occurs in both sexes, resulting from any form of irritation, such as that induced by dirt, the application of strong chemical antiseptics, the use of unsuitable or dangerous chemical contraceptives, and, more rarely, the consumption of irritating drinks and foodstuffs. It is advisable, where the condition manifests itself, to secure competent medical advice, as there may be a possibility that the inflammation is of gonorrhœal origin ; it is quite impossible for a layman to distinguish between gonorrhœal and non-gonorrhœal urethritis.

*Pediculosis* is a distressing but not a serious

affliction. It is due to the activities of the *pediculus pubis*, a species of human louse, which thrives in circumstances where the genitalia are in a filthy condition. The symptoms are intense itching and the appearance of scaly growths on the skin of the penis and scrotum of the male and the mons veneris of the female. The condition spreads rapidly, and depilation may be necessary before the treatment, which consists of the application of sulphur or mercuric ointment, can be commenced.

*Scabies or Itch.* A burrowing parasite, the *Acarus scabiei*, is responsible for this affliction. Although not necessarily restricted to the genitals, it does very often attack these parts primarily and mainly. Again a condition caused by filth, or due to contagion, the treatment advocated for pediculosis will usually prove effective.

### III

Apropos of this question of genital hygiene, it is necessary, before closing this chapter, to draw attention to the dangers associated with the retention of urine in the bladder and of fæces in the rectum.

*Children should be trained to evacuate the bowels and to empty the bladder regularly and often.* The earlier in life these habits are acquired the better.

Many young men and girls, as a result of false modesty inaugurated through the shame attached to any indication of or reference to the excretory or urinary functions, are led to retain the fæces and the urine for prolonged periods. Especially does this happen when in the company of members of the opposite sex. Such practices

are most inadvisable. In certain circumstances they may prove harmful and even dangerous. In young children they are a frequent cause of self-abuse.

Apart from any question of the retention of urine, care should be taken to ensure a free and an adequate flow of fluid through the bladder and genito-urinary passages by the consumption of several pints of water or other fluid daily. It is necessary that the kidneys, and the bladder, in particular, should be regularly flushed.

Constipation is something to be guarded against as much as possible. In men it leads to straining at stool with pressure on the seminal vesicles and prostate gland. Also it is a frequent cause of haemorrhoids, with all their distressing consequences. Girls and young women, who are particularly addicted to constipation, should take steps, by the regular employment of abdominal exercises and attention to diet, to avoid as much as possible the acquirement of a condition which can only be relieved by continual and ever-increasing use of cathartics. The troubles connected with menstruation, and, in later life, the menopause ('change of life'), are much intensified if constipation is present. Then, too, the woman who desires to practise conception control will find her efforts considerably hampered and rendered more difficult if she is in such a condition.

CHAPTER IV

CIRCUMCISION : ITS ADVANTAGES  
AND DRAWBACKS

I

FROM the days of the ancients, in various races, and in many parts of the globe, the practice of circumcision has had a religious significance. Among the Jews, in particular, is this practice universal and developed. In Genesis we read of Abraham, afflicted in his senility with impotence, having his prepuce removed, and making of the operation a means of enacting a covenant with the tribal god, Jehovah. The operation is also a feature of the Mohammedan religion, though there is no specific recommendation of it in the *Koran*.

Among modern historians, theologians, anthropologists and ethnologists there is much dispute concerning the reasons for the practice by primitive and ancient races. Many theories have been propounded. Among the most popular of these are that the operation was induced (1) purely for hygienic reasons, and (2) in order to increase the likelihood of conception. In view of the state of sexual knowledge at the time when circumcision originated it is doubtful if either of these explanations is acceptable in any general sense. It would appear that a more likely reason for the origin of

the rite, at any rate in its religious significance, was that it appealed to the people as an ideal method of sacrifice, a hypothesis borne out by the fact that the sacrifice of circumcision carried out by Moses and Zippora was specifically directed towards the placation of Jehovah. Yet another theory has been advanced by Dr. Riza of Constantinople, who suggests, according to Dr. Augustin Cabanes (*The Erotikon*, Falstaff Press, New York, 1933), that the Mohammedan priests opined that the lowered sensibility of the glans penis resulting from circumcision led to a diminution in sexual appetite.

In modern times, however, the operation has had a considerable vogue in all civilized countries. Apart from cases where circumcision was practised because of its religious significance, many parents have considered it advisable for their male children to have the prepuce amputated on purely hygienic grounds.

Recently, a growing body of medical opinion, both in America and in England, has expressed itself in favour of circumcision strictly for health purposes.

The operation consists of the removal of the prepuce or foreskin. In ancient times, when surgery was in its infancy, when, in fact, circumcision was performed either by a priest or a barber, owing to the crudity of the instruments used and the absence of aseptic conditions, deaths were numerous. To-day, with modern surgical methods, the operation is a simple one, neither involving any great risk nor calling for any extended period of convalescence. The operator draws the loose

piece of flesh forward over the extremity of the penis as far as possible, and excises the overhanging portion. Strictly speaking, the whole of the prepuce is not removed, as such a wholesale amputation might cause complications. A portion is left. This section rolls or folds itself at the corona, leaving the glans uncovered.

The virtues of circumcision have been much extolled. Among the many claims made in its favour, the most important are that by its prevention of the collection of smegma and dirt, the primary and main cause of posthitis (inflammation of the prepuce) and balanitis (inflammation of the glans penis) is removed ; that the likelihood of being infected with venereal disease becomes practically negligible ; and that self-abuse cannot be practised. Let us examine these claims.

The absence of the prepuce does most assuredly prevent the accumulation of dirt or smegma on the penis. In cases of incurably dirty and lazy youths this point may justify circumcision, but in normal circumstances there is no such justification : attention to sexual hygiene (see Chapter III) will prevent any inflammation.

That part of the glans penis covered by the prepuce is exceedingly delicate : it is extremely sensitive to irritation and easily abraded. In all normal circumstances the prepuce protects it from both irritation and abrasion. It naturally follows that when the foreskin is removed, the mucous membrane covering the glans, through exposure, in time acquires a degree of toughness comparable with that of the skin which covers the exterior of the penis. In consequence, circum-

cision gives considerable protection against syphilitic and chancroidal infection. In uncircumcised men, the mucous membrane of the glans and the inner surface of the foreskin are often so delicate that during coitus the rhythmic movements of the penis itself may well cause abrasions on the organ, thus providing the means of entrance for the *Treponema pallidum* and the bacillus of Ducrey. The toughening influence of circumcision reduces tremendously the likelihood of any such abrasions being incidental to coitus.

It is important to note that these remarks apply to *syphilis* and *chancroid* only : they DO NOT APPLY TO GONORRHŒA. The gonococci usually enter the urethral passage, which is not in any way affected by circumcision.

As regards self-abuse, the operation will not prevent the vice being acquired, neither will it cure an existent habit. It prevents any possibility of irritation being induced through the presence of smegma under the prepuce, but this represents the extent of its prophylactic value. The presence of the prepuce is not necessary for the practice of self-abuse. It is strange that, in view of this fact, the idea is so prevalent that masturbation is unknown among the Jews and Mohammedans.

In all ordinary circumstances, therefore, circumcision would appear to have little in its favour beyond the fact that it gives a slight amount of protection against the attacks of the organisms responsible for the venereal infections of syphilis and chancroid. If the youth is trained from childhood to keep his sexual organ clean, there is not the slightest need for circumcision as a hygienic

measure or as a preventive of any evils due to irritation.

## II

If there are no powerful reasons in favour of circumcision, there are many against it. One of the foremost of these disadvantages is the already-mentioned toughening effect which the *operation has upon the glans penis*. As a result of this hardening process, the sensitiveness of the glans is greatly decreased, and orgasm is retarded. In the early days of married life this may and probably will be of little account, but in later years it may prove most disadvantageous. In a man whose sexual power is subnormal, the decreased size of the male organ, which is an inevitable concomitant of circumcision, may prove a drawback.

Another point of considerable importance is the effect of the operation on conception. It has been suggested that the large families of the Jews are the result of circumcision, and there is no doubt some truth in the suggestion. The delay in orgasm favours conception. Where pregnancy is undesirable, the point is one which should not be overlooked, and it suggests the need for the circumcised man or his wife, in such circumstances, to practise birth control.

And now let us consider what is perhaps the greatest of the objections to circumcision. It is a purely psychological objection. It is a point which should be given long and careful consideration by every father who contemplates having his son circumcised purely as a hygienic measure. It does not apply where the operation is part of a religious

rite, but in all other cases there is a risk that the child on reaching adolescence will suffer from the evil psychological effects of the operation. There is no getting away from the fact that circumcision, in the opinion of a great many men, constitutes a form of sexual mutilation. Now, no member of the male section of the species can view with equanimity the idea of sexual mutilation of any kind. The result is there is engendered a feeling that, in comparison with other men, he is an inferior being. It may be pointed out that the millions of circumcised Jews have no such feelings. This is quite true. But the Jew is in a totally different position from the Gentile. *All* Jews are circumcised. The feeling of emasculation—for in most cases it amounts to this—which is induced, leads to the development of what, in the jargon of the psycho-analysts, represents an inferiority complex. It is a factor, this, brimming with significance, and in my opinion, in itself, ranks as a sufficiently powerful argument against circumcision in all cases other than those where the operation is medically indicated.

### III

Apart from the removal of the prepuce for purely hygienic or prophylactic reasons, there *are* specific cases where circumcision *is* undoubtedly indicated.

The most important of these is concerned with the abnormality termed phimosis. The condition, which is often congenital, but may in rarer instances be acquired, is characterized by excessive tightness or length of the prepuce, a condition which inter-

fers with its retraction. Neglected gonorrhœa is usually the cause of acquired phimosis.

Wherever this abnormality exists, it is extremely likely that inflammatory conditions will be induced, and possibly 'wart-like' growths or concretions may appear under the prepuce. In later life there would almost certainly be interference with sexual intercourse.

Another condition which suggests the desirability of circumcision is where, in adolescence or adult life, the prepuce adheres to the glans penis. Also the abnormality termed paraphimosis (the condition contrary to phimosis), in which the foreskin remains in a fixed position behind the corona, thus continually exposing the glans, or alternately slips back into this position every time it is forcibly drawn forward by the fingers. If the defect is congenital, circumcision is indicated.

In some cases of premature ejaculation the operation may prove advantageous, especially where the affliction is a direct result of irritation induced by some defective state of the prepuce. The removal of this source of irritation and the reduction in the sensibility of the glans induced by the excision of the prepuce will probably effect an improvement.

Certain infantile conditions may render circumcision advisable. For instance, where painful urination (dysuria) is present consistently, and is due to tightness of the prepuce, or to adhesion, the operation will probably be considered advisable. Again, inability to exercise proper control over the discharge of urine (technically known as enuresis), involving bed-wetting and 'dribbling,'

if caused by preputial irritation or a physiological penile defect, can usually be cured by circumcision. Where the cause is pathological, also in extremely young infants and senescents, no such operative procedure would effect any improvement.

In concluding this chapter, I would advise parents who decide in favour of their children being circumcised, to have the operation performed *during infancy*, and as soon after birth as the surgeon considers advisable. This advice applies in all cases and circumstances, whether the operation is in the nature of a religious rite or as a prophylactic method. Circumcision should never be performed in adolescence or adult life unless specifically indicated for medical reasons.

CHAPTER V  
SEXUAL TROUBLES OF THE MALE

I

THE commonest of all troubles affecting the young man in connection with his sexual life are the involuntary emissions of semen which occur during the period of adolescence, and often, in single and continent young men, for many years afterwards. As a rule these emissions occur at night, and often they are accompanied by dreams of a strikingly erotic nature. It is because of this that they are popularly and somewhat vulgarly referred to as 'wet dreams.' The youth awakes from sleep, usually in the middle of a dream, to find seminal fluid being ejaculated from his sexual organ. If he has never heard of or experienced the phenomenon before, he may be alarmed ; and, in any case, whether or not he recognizes that he is experiencing a 'wet dream,' the repetition of the phenomenon night after night, and week after week, is likely to prove disturbing. If he takes a friend into his confidence, it is extremely likely that the result will be even greater anxiety and alarm, for the odds are that he will be told that he is losing his sexual virility. In consequence he begins to worry about his condition. And here is a point of first importance. It is the *worry* about the emissions that, in the huge majority of cases,

causes all the trouble. For actually the emissions, in themselves, are rarely harmful.

To understand the cause of these emissions one must consider the physiology of sex (see Chapter II). From the time of puberty onwards, the testicles and the other sexual glands are busy secreting the various component parts of the seminal fluid. The result of this glandular activity is that the epididymes, and the seminal vesicles are full to overflowing with this accumulated fluid. The object of this activity is to enable man to reproduce his kind : in other words, the natural method of emptying these various reservoirs of their seminal contents is by engaging in sexual intercourse. As man evolved from the status of pure animality, and became a civilized being, able to restrain, regulate and sublimate his sexual appetite, more and more was he unable to get rid of these accumulations of semen in the way which Nature intended. This, however, did not stop the various glands continuing their work of secretion. And so, baulked in one way, Nature contrived another method of emptying the reservoirs and passages to make room for the constantly arriving fresh supplies resulting from glandular activity. This solution was the involuntary ejaculation of seminal fluid : that is, emissions.

When the reasons, as delineated above, are clearly understood, all anxiety concerning them is, or should be, removed. For so far from being abnormal in any way, they are perfectly natural. What, on the contrary, constitutes abnormality, is where a young man, who is continent and free from any form of sexual vice, does *not* have emissions.

Nocturnal emissions vary greatly in their frequency, and there is no specific age at which they may be expected to commence. Much depends upon the sexual precocity of the youngster, and upon the degree of erotic stimulation to which he is subjected ; but, usually, the first emissions occur between the ages of fifteen and seventeen. They may occur as often as two or three times in a single week, or as rarely as once a month : they may be extremely regular, or, on the other hand, they may be sporadic.

As a means of reducing these emissions the consumption of liquids (especially spirits and beer) at night should be avoided. Even tea, coffee, or other non-alcoholic beverages should be taken some time before retiring. Especial care must be taken to ensure that the bladder is emptied before getting into bed. Attention should be paid to the regular evacuation of the bowels. A rectum distended with fæces and a bladder distended with urine, exert pressure upon the seminal vesicles from two directions simultaneously, and in this way force an ejection of semen.

Mostly these emissions occur during the night, but there are cases where diurnal ejaculations of semen occur in addition. Where rigid continence is practised, and at the same time the youth is placed in an environment or subjected to conditions, either accidental or of his own seeking, which promote sexual excitation, the slightest cause will be sufficient to induce an emission. Thus accidental contact with a pretty girl in a crowded place, the sight of an obscene picture, the reading of a pornographic novel, or even the

provocative smile of an attractive young lady, will be sufficient.

Involuntary and accidental emissions occur, particularly in adolescents, even where no interest is exhibited in eroticism, for even a confirmed misogynist cannot hope to escape experiencing emissions. It is in such instances, by the way, that so many youths become unduly alarmed, as they rarely connect these emissions with sexual activity in any form.

As an example of accidental diurnal emissions may be instanced those due to the jactitation induced by street-car, railroad or automobile travelling. Among other causes are dietetic errors and excesses, which cause bladder and urethral irritation.

The main point of distinction between the emissions of the young man who is sexually sophisticated and the one who does not connect the phenomenon with sex, is that any obsessional interest in eroticism, in whatever precise form it manifests itself, will lead to the production of seminal fluid at a greater rate and in increased quantities, causing these involuntary discharges to be experienced on many more occasions. For these reasons, any practice which stimulates sexual libido, such for instance as frequenting the haunts of sophisticated young women, reading erotic literature, dancing, *et al.*, will not only cause an increase in the number of nocturnal emissions but will also induce those associated sexual dreams which have given to emissions their characteristic and popular name. On the other hand, the young man without sexual experience, who puts himself

into no such erotically exciting environments, although he will still have emissions on a restricted scale, will neither experience sensual dreams nor associate the phenomenon with any sexual motif—the widespread idea that emissions and sexual dreams are necessarily coincident is a fallacy.

One reason for the increased discharge of fluid in any youth who is sexually stimulated is that in such circumstances other sexual glands besides the testicles will be induced to increase their secretions, especially during the day. In this connection, it may be well to mention that the emission of a small quantity of thick whitish mucus, probably in drops or ‘blobs,’ need cause no anxiety—it is merely the discharge, under the stimulative force of sexual excitation, of the secretion of Cowper’s glands.

## II

So much for the ordinary emissions with which every healthy adolescent male is familiar.

There are, however, in addition, certain pathological emissions, and there is, almost invariably, a risk of these manifesting themselves.

The most important is *spermatorrhœa*: that is, the slow escape of sperm-laden seminal fluid from the urethra. It is not that this escape of semen will have any directly harmful effects upon the health of the male, but it does induce anxiety, which is an indirect source of ill-health. Further, it is this specific condition which is confounded by so many young men with ordinary emissions, thus inducing much unnecessary anxiety.

It is rare for *spermatorrhœa* to be associated

with an erotic dream, or indeed with sexual excitation of any kind. The discharge of semen from the urethral orifice is usually a gradual seeping out rather than an ejaculation, and is unaccompanied by any erection. Congestion of the genitalia is a frequent cause, and for this reason perhaps the most serious feature of spermatorrhœa is the indication of such congestion.

The urethral canal itself is often in an inflamed state, giving rise to the condition known as *urethrorrhœa*, the most marked symptom of which is a thick syrupy discharge from the meatus. This is often confounded with gonorrhœa.

Equally alarming is the pathological emission from the prostate gland, technically termed *prostatorrhœa*. The discharge is of milk-like appearance, and usually occurs after urination. It indicates inflammation of the prostate or of the bottommost section of the bladder, usually resulting from congestion. Straining while at stool is very often a cause. Also the common practice of retaining the urine for long periods may be the means of inducing it.

*Hemospermia*, the name given to an abnormal condition of the semen marked by its admixture with blood, when first observed, is well calculated to fill any young man with alarm. It often occurs during sexual intercourse after a long period of abstention, in which circumstances it is rarely of serious import.

Although *varicocele* is a condition which does not cause any emission, it may be well to refer to it here, as it is a fertile source of anxiety in many young men. It is particularly observable where

sexual abstinence is practised for long periods. Varicocele is a swelling of the *vas deferens*, and causes a dull pain in the adjacent testicle. There may also be enlargement of the organ. The condition is rarely serious. If, however, there is considerable pain and the swelling of the testicle reaches abnormal proportions, operative treatment may be necessary.

While the existence of any of these conditions need cause no alarm or anxiety, and the very last thing anyone so afflicted should do is to worry over his condition, *it is advisable to consult a physician the moment the first symptoms are observed.* Immediate medical attention, if the condition calls for treatment, will no doubt effect a quick cure ; or provide reassurance in any imaginary or exaggerated case, and thus lead to a clearing up of any psychological implications.

### III

Most people have some vague ideas that in old age it is usual for men to have trouble with their sexual apparatus, and especially with urination. Others, who claim to be more sophisticated, and who read the graphic advertisements in the Press, talk learnedly of prostatic trouble, and give the impression that some such disorder is an inevitable concomitant of advancing age in man.

Now it is a fact that a very large proportion of men are afflicted, between the ages of fifty and sixty years, with an enlargement of the prostate gland. In an earlier part of this work (see Chapter II), it has been explained that this important gland is situated at the neck of the urinary bladder

and the beginning of the urethral channel. Any enlargement of this gland, because of its peculiar situation, is bound to exert pressure on the urethra as well as on the neck of the bladder, and as, with advancing age, this pressure is increased, there is a gradually extended interference with the process of urination. This interference, which causes a certain amount of discomfort and sometimes actual pain, ultimately results in the continual 'dribbling' which is so distressing a feature of prostatic enlargement. In some cases the position becomes so bad that an operation, involving the excision of the gland, becomes necessary.

The error which is commonly made in connection with enlarged prostate lies in the assumption that it is an *inevitable* concomitant of old age. There is no question of inevitability. There is no reason why, with reasonable care, any man should be troubled with the distressing and embarrassing affliction. The cause nearly always lies with congestion in the immediate region of the gland. This congestion may be caused in a variety of ways. One way is, of course, sexual excess, but actually this is perhaps the least potent and usual of the various causes. Congestion is readily caused by many factors other than sexual excess, not the least potent of which is sexual excitation without subsequent relief. In many men over fifty sexual appetite far exceeds sexual capacity. When this state of affairs arises the best possible course to adopt is to avoid, as much as possible, placing oneself in circumstances or pursuing tactics which are likely to induce sexual excitement, and likewise to sublimate in every possible way sexual

libido (see Chapter XIV). Unfortunately, however, most men adopt a policy which is exactly the reverse of this. They attempt, by every form of aphrodisiac known to them, to develop their sexual capacity, and in this way continually increase the erotic appetite. The result of all this stimulation is that the genital apparatus is kept in a state of continuous irritation and congestion.

Apart from, and in addition to, anything of this nature, the very mode of life which, in middle age and in old age, is adopted by the majority of men, induces congestion in the genital parts. There is too much sitting about and sleeping ; too much eating and drinking ; and coincidentally too little mental and physical activity.

The other common sexual complaint of old age in man is stricture. It is a very frequent aftermath of uncured gonorrhœal urethritis. At the same time it is by no means correct to assume that every man who finds himself afflicted with stricture has necessarily suffered from gonorrhœa.

Stricture assumes many forms, the precise nature and extent of the condition depending mainly upon its cause. It may be partial or complete ; temporary or permanent.

Most men suffer at some time or another from a temporary and partial form of stricture. And the majority of such cases need occasion no anxiety. An inflamed state of the urethral canal will interfere with urination. The cause may be so innocent as faulty diet, excessive drinking of alcohol, or cold affecting the neck of the bladder or the urethra. The sufferer is not incommoded beyond a smarting or ‘scalding’ sensation when making water,

frequent desire to urinate, and possibly a certain amount of dribbling or involuntary discharges.

An excellent remedy for urethral or bladder trouble of this nature, particularly where the symptom of 'scalding' urine is characteristic and pronounced, is an infusion of couch-grass. Scald a quantity of the herb, strain, and take a wine-glassful of the 'tea' twice or thrice each day.

In more serious forms of stricture, which are usually accompanied by a certain amount of scar formation in the urethra, partially occluding the tube, the difficulty in passing water and the 'scalding' sensation persist. Also in moments of sexual excitation, resulting in an erection, there is a considerable amount of pain. In its most pronounced form, the tube is completely stopped or obliterated by the formation of scar tissue or adhesions, and urination becomes impossible. In all such cases a surgical operation is the only remedy.

Every man suffering from stricture should secure medical attention *at once*. *The earlier the trouble is dealt with the better*. Most men, so long as they can pass urine at all, are reluctant to consult a physician, partly from the shyness which is almost always displayed in regard to any affection of the private parts, and partly because of the reputed painful nature of the requisite treatment in this particular affliction.

Apropos of this, it may be mentioned here that modern surgery has reduced the incidental pain almost to vanishing point. The need for early treatment is indicated in the fact that the most partial of strictures prevents the complete elimina-

tion of the contents of the bladder and seminal vesicles. In consequence the prostate gland, as well as the seminal vesicles, become diseased, and the whole system in time is affected through absorption of uneliminated urine and suppurative products.

In concluding these references to stricture, it is well to point out that not every case of temporary or spasmodic stoppage of urination or inability to pass water at all is due to inflammation of the urethral canal or the neck of the bladder. There are various emotional causes, of which perhaps the most marked example is where one finds oneself quite unable to urinate in the presence of other men. Many men of æsthetic feelings have had this experience in crowded public conveniences.

## CHAPTER VI

### SEXUAL TROUBLES OF THE FEMALE

#### I

THE majority of the sexual troubles of girls and women are concerned with menstrual irregularities or abnormalities. There is a very good reason for this. The avoidance of sexual intercourse, or even of sexual intimacy, does not prevent these difficulties and troubles. For this reason all women, at one time or another, come up against some form of menstrual trouble. It applies to the single woman as well as to the married ; to the virgin as well as to the one with extended experience of sexual intercourse.

Much of the worry and anxiety connected with menstruation is due to the attitude adopted by society towards the phenomenon. As a result of this attitude, a natural function has been turned into a secret, shameful and indecent affair ; an affair which must never be so much as mentioned in respectable circles. The girl, therefore, who at puberty discovers to her alarm and consternation that such a thing as menstruation exists, is forbidden to discuss the matter. This entirely wrong approach has psychological repercussions which are always harmful and in some instances deplorable. The girl's whole approach to the subject of menstruation, and her reaction to the troubles

inseparably connected with it, are coloured by this taboo.

I have already indicated that menstruation usually commences around the age of thirteen or fourteen years, though there are variations both ways, much depending upon the degree of sexual development of the individual girl. A common condition at the time of puberty, however, is failure to menstruate, technically termed *amenorrhœa*. If the girl has arrived at puberty, and the secondary sexual characteristics have begun to show themselves, but there is not the slightest sign of any menstrual discharge, it is possible she may be suffering from this irregularity, and medical advice should be secured. The cause may be physiological and specific, or, on the other hand, it may be due to ill-health generally. The physiological causes are ovarian imperfection or disease, cervical obstruction, and the presence of a hymen which has no opening for the discharge of the menstrual fluid. In later life, there is a possibility of amenorrhœa developing. In this case menstruation fails to occur over a period of months, and often the woman, if married or engaging in sexual intercourse, is naturally greatly alarmed, fearing pregnancy. This form of amenorrhœa is more serious than that which occurs in the young girl at the time of puberty, as it usually indicates the presence of some disease or infection connected with the ovaries or womb ; or it may be the aftermath of a serious constitutional condition, e.g. pneumonia, chlorosis, nephritis, typhoid, etc. Also a severe mental shock or disturbance, or even a change of residence involving considerable climatic

or environmental disturbance, may be the cause. In time of war, for instance, in consequence of emotional upset, amenorrhœa is common.

Apart from purely physiologically induced cases, wherever there is amenorrhœa there is usually anaemia. In itself, anaemia hardly ranks as a disease : it is a sign that something is wrong, being a symptom of many constitutional disorders, and in particular of womb trouble. In all cases where anaemia manifests itself, it is important to lay bare the basic disease or trouble before commencing any form of treatment.

Suspension of menstruation is often of a temporary nature. In particular is this the case where constitutional disease, mental or physical shock, environmental changes, *et al.*, are the fundamental causes of the disturbance. Complete cessation of the flow for any extended period is much more rare than a suspension measured by a few months. Treatment consists of measures to improve any weak or run-down condition, with careful attention to the dietary.

Immediately after the coming of puberty, so long as the discharge does appear, variations in the amount, in the number of days during which menstruation continues, and erratic intervals between successive discharges, need cause no anxiety or alarm : these manifestations are normal concomitants of the first twelve to eighteen months of menstruation (see Chapter II). Only when such irregularities continue to show themselves after adolescence, or make their appearance in adult life, following upon years of continuous normal menstruation, is there cause for worry ; in any

such case it is probable that some form of cervical, uterine, tubal or ovarian disease is present.

Although, normally, the commencement of menstruation occurs around the age of fourteen years, its postponement for a year or two need not alarm the mother, particularly if the girl shows no signs of precocious sexual development. If, however, no discharge is observable before the age of seventeen is reached, it will be advisable to consult a gynecologist.

Many young women experience a considerable amount of pain during the course of the menstrual flow : a condition known as *dysmenorrhœa*. In some cases the pain reaches such a degree of intensity as to temporarily invalidate the sufferer. She is unable to do her work and may have to go to bed for a few days. Where the cause is a physiological or pathological one, the condition is serious. In many such cases an infantile state of the genital parts is responsible. Fibroid of the womb, inflammation of that organ or of the cervix, may be the causative factor. In the majority of instances, however, the predisposing cause is psychical rather than physical or pathological. The sufferer is obsessed with the dangers and difficulties connected with menstruation, and so works herself up at the approach of the time for the commencement of the discharge, that she is in an emotional state bordering on hysteria. More and more are gynecologists realizing that in a very large number of cases of dysmenorrhœa the most suitable and effective treatment is in the realm of psychology rather than medicine or surgery.

There is often associated with, though sometimes

independent of, dysmenorrhœa, the condition known as *menorrhagia*: that is, an excessive discharge of menstrual fluid. It is popularly termed 'flooding,' and it may continue for a much longer period than the average duration of the menstrual flow. In any such case fibroid of the womb may be suspected.

A rarer anomaly is a discharge of menstrual blood at some time between and independent of the normal periods. Technically it is termed *metrorrhagia*, and popularly, intermenstrual bleeding. Whenever this occurs a physician should be consulted. It is a certain indication of some pathological condition of the womb.

## II

After the above described menstrual disorders, perhaps the most common of all female genital troubles is the condition known popularly as 'the whites,' and technically as *leucorrhœa*. This is not a disease so much as a symptom of disease. It consists of a discharge of thick, white mucus from the vagina, and is an indication of an inflammatory state of the genitals. Now leucorrhœa should not be confounded with the *natural* discharge from the genital passages, a discharge which may, on certain occasions, notably during sexual excitation, be appreciably increased. The purpose of this normal discharge is to keep the genital passages in a moist state. However, it does no more than this. There is no actual flow of fluid from the vulvular opening. When the emission reaches any considerable amount, and especially whenropy, sticky exudate continues to appear,

it may be taken that the discharge is pathological, representing a true leucorrhœa.

In any such case, this discharge should be looked upon as a warning that some pathological condition of the genitals exists. It may be nothing more serious than a slight inflammation, or the result of a dirty state of the vagina ; on the other hand, it may indicate the presence of a tumour or an abscess in the womb, or of an ulcerated cervix. Because of this uncertainty, and because it is foolish to attempt treatment without knowing the exact cause, it is always advisable to consult a physician.

In the female, *stricture* is as rare as in the male it is common. This comparative rarity is due to the fact that the female urethra has one function to perform and one only, the emptying of the urinary bladder. Moreover, it is very much shorter and wider than the male passage, with the result that it is not so easily blocked and there is much less of it to block. As in the male, stricture is a frequent aftermath of gonorrhœal urethritis, of ulceration, and the presence of new growths in the passage.

Temporary stricture may result not from any pathological condition of the urethra itself, but as a result of pressure induced by a tumorous growth in the womb. In many cases of fibroidoma, interference with urination is the first intimation of the condition.

### III

For generations it has been an accepted belief —so universally accepted in fact as to be prover-

bial—that the female is sexually anaesthetic. This belief gained currency partly because the woman's role in the sex act is a passive one, partly owing to the double standard of morality, but mainly because it has so long been an accepted fact that no respectable woman would or could display any knowledge of or interest in sexual matters, or any desire for the exhibition of sexual passion. Woman's desirability, from the point of view of suitability for marriage, was in direct ratio with her lack of sexual knowledge.

It is not difficult to understand why women, throughout so many centuries, tolerated the sexual anaesthesia which man virtually imposed upon them. The mere fact that they accepted, without any outward sign of discontent, the position in which they found themselves, in itself proves nothing. To have rebelled, before the time was ripe for such rebellion, would have been infinitely more foolish than to have docilely accepted man's domination. They had to wait their opportunity, and in the process of waiting they exhibited much wisdom. Education caused them to think and realize to the full their position ; the rise of democracy and the development of machinery enabled them to rebel.

So long as the patriarchate was a real, living and powerful force this rebellion was not possible. For the concept of woman embodied in this philosophy was in certain of its practical aspects essentially misogynistic : it was based upon the misogyny of the Greek philosophers, rammed home by the thundering oratory of Saint Paul. Woman, as the Bible shows, was conceived as a

temptress specifically designed by God for the purpose of propagation : in other circumstances she was a sinner as well as a temptress. The reason, as explained by Jehovah, for the punishment of Adam was " Because thou hast hearkened unto the voice of thy wife." Later, celebrated and influential writers circulated variations of the same philosophy. Schopenhauer, perhaps the most influential, held that woman died as she was born—a child. Rousseau looked upon her as man's plaything ; Weininger, whose infantile study of sex somehow gained a most undeserved reputation, hymned the same idea ; Strindberg and Samuel Butler again and again reiterated woman's uselessness. Behind all this, of course, is the sadism which is inherent in civilization as it is in savagery. It was more than mere coincidence that the Marquis de Sade was so insistent a misogynist.

Thus the reputed *anæsthesia sexualis* of woman has, all through the ages, been due not to any biological peculiarity of the female sex, but to custom engendered and developed coincidentally with the growth of civilization.

This does not mean there are no specific cases of anaesthesia independent of and unconnected with convention. Cases of frigidity which are the result of psychological repercussions are quite common among married women. There are numerous causes. Among the most potent is the shock induced by a defloration of an exceptionally painful character, or the roughness displayed by a selfish husband during the 'honeymoon period.' Then the fear of pregnancy, the lack of confidence

in the efficacy of contraceptives, and the dread of contracting a venereal infection are all sufficient, in certain circumstances, to induce temporary and sometimes permanent frigidity.

Women who have had repeated parturitions, and particularly those in whom the cervix, the womb, or the perineum has been badly lacerated, are exceedingly likely to develop anaesthesia. So, too, the condition is characteristic of many women for some years before the 'change of life,' the vagina having lost much of its elasticity and the perineal muscles their power.

#### IV

The sexual life of woman lasts, roughly, from thirty to thirty-five years, reckoning the commencement of menstruation at the age of fourteen or fifteen and its termination at forty-five to fifty. The 'change of life,' menopause or climacteric, as the cessation of ovarian activity is variously termed, is anticipated in most cases with dread, in some with pleasure, and in yet others with mixed feelings. The woman who is eternally worrying about pregnancy, naturally welcomes the coming of the period in her life when troubles of this nature are over and done with. Women, who for one reason or another, have no such fears, dread the 'change of life,' partly because it signifies the advent of old age, and partly because of the tales concerning the dangers to mental and physical health associated with it.

It may be said with assurance that in the main these alleged dangers do not exist. The menopause is a perfectly natural phenomenon in the

sex life of every woman. With proper care, attention to diet, and the turning of a deaf ear to the evil premonitions of female friends and acquaintances, there need be little upset in one's life.

As in the case of menstrual troubles, much of the distress caused by the menopause is due to *worry* over the phenomenon rather than any actual evils resulting from it. So very many women, as a result of tales told to them by others of their sex, convince themselves that they are going to have an extremely anxious time, and to suffer from a miscellany of distempers. At the first sign of any abnormality in connection with the periods they become alarmed.

If the woman, as she approaches that period in life when the menopause may be expected (which is usually between the ages of forty-five and fifty), will truly believe that instead of undergoing some dreadful and painful ordeal she is merely experiencing a perfectly natural phenomenon, she will have gone a long way towards successfully meeting any troubles that may be in store for her and adopting the correct attitude towards the menopause generally. When the periods become erratic or otherwise abnormal, there is no occasion for anxiety. Nor should the first signs of abdominal distension or of the hot flushes, both of which are characteristic features of the 'change of life,' cause concern.

In the course of the two, three or more years during which the ovaries are gradually ceasing their activities, there may be many other disturbances and troubles. Excessive bleeding, painful

menstruation, difficulty in passing water, palpitation, pruritis, urticaria, and, almost inevitably, indigestion and constipation, will occur. Coincident with the continually decreasing functioning of the ovaries, there is shrinking of the womb, the vagina and the vulva ; while in some cases masculine sexual characteristics, such as hair on the lips and chin, appear.

The first steps to take are those concerned with the regulation of diet and the relief or prevention of constipation. Over-feeding at this time has most harmful effects, especially the excessive consumption of meat, eggs, refined sugar and white bread. Constipation makes the hot flushes which are so distressing, much more plentiful, more marked and of longer duration.

An important but usually overlooked point is that pregnancy is *possible* during the *continuance* of the 'change of life.' I do not say it is likely, but I do say it is possible : a fact which many persons have discovered to their consternation. So long as ovulation occurs, irrespective of any irregularities or abnormalities of the menstrual flow, conception may follow. For this reason, in cases where intercourse is practised during the menopause, birth-control measures should be adopted if pregnancy is undesired.

The common belief that sexual intercourse must necessarily cease after the 'change of life' is not correct. There are certain cases, such as where *prolapsus uteri* is one of the sequelæ, in which the sex act is impracticable ; but apart from these somewhat exceptional instances, in all cases where the 'change of life' takes place without any

abnormal consequences, there is no reason whatever why the woman should not continue to practise sexual intercourse.

## V

*Prolapsus uteri*, or, as it is commonly called, 'falling of the womb,' is a most distressing affliction. It is particularly likely to occur during the menopause, when the shrinking of its supports causes the womb to drop downwards, often to such an extent that the vaginal channel becomes virtually obliterated. *Prolapsus* occurs in many younger women whose work is of an exceptionally arduous nature, involving standing for hours at a stretch. Tears, especially unrepaired ones, during parturition sometimes result in the womb dropping into the vagina.

Usually cases where the prolapse is of a partial nature can be remedied by the wearing of a simple rubber pessary, or, failing this, by a surgical operation. In these cases sexual intercourse is practicable. Where the prolapse is complete and irremediable, coitus would prove so painful as to be out of the question.

The custom of wearing corsets and tightening up the pelvic region generally is a frequent cause of *prolapsus uteri*, and of other womb troubles, including menstrual disorders.

C H A P T E R V  
LOVE, COURTSHIP, AND MARRIAGE

I

IN some respects the mating of civilized human beings is similar to that of primitive mankind and of animals. It lacks the promiscuity of animals and certain savage races, but apart from this, and the evolution of a concept of marriage based mainly upon economic and religious mores, thousands of years of civilization have seen little improvement in breeding. The mating of man and woman is as blind, unscientific, and at variance with the admitted principles of eugenics and genetics as it ever was in primitive and animal life. It is not that a science of breeding has never been evolved : it is merely that the principles of this science have been deliberately disregarded. All the laws of breeding and genetics have been reserved for and restricted to domesticated animals and birds.

Not that attempts have not been made to alter all this. The eugenists, time and again, have advocated some form of State control of marriage, ranging from such positive reforms as the medical examination of all men and women before a licence to marry is granted, to negative measures such as the compulsory sterilization of the feeble.

minded, the insane and the criminal sections of the population.

Perhaps the most important experiment along eugenical lines was that instituted by John Humphrey Noyes about a century ago. The Oneida Community, or Society of Perfectionists, which Noyes founded, was run along communistic lines, and substituted a system of free-love alliances in place of orthodox marriage. An important feature of the system, upon which its eugenical features were mainly based, was the adoption of a special method of conception-control advocated by Noyes (see Chapter XI). In the Community a panel of elected advisers decided whether or not any love alliance should be allowed to prove productive : in those cases where, from a eugenical viewpoint, the proposed union might reasonably be expected to have undesirable results, either permission to consummate it was refused outright, or a licence to marry was granted on condition that no progeny should result from the alliance.

In justification of his revolutionary ideas Noyes affirmed that the orthodox marriage system favoured random procreation, and that the Perfectionists were adopting stirpiculture in order to secure intelligent well-ordered procreation. "We believe," he said, "the time will come when scientific combination will be applied to human generation as freely and successfully as it is to that of other animals."

This experiment, which continued over a period of years, proved, according to the records kept, most successful, and there was not a single deaf, dumb, blind, crippled or mentally deficient

child born to any mother within the Community. However, the Society was to have a short reign, for owing to the strong opposition of the Church and the public generally, Noyes was compelled, under the threat of *force majeure*, to abandon the whole experiment. The lessons provided are not devoid of value, and there can be little doubt that, with certain modifications, a system of monogamy founded upon similar basic principles would prove of inestimable benefit to mankind.

It is noteworthy, in this respect, that the evolution of birth-control methods and their availability have altered the whole problem of breeding, removing many of the difficulties which, in the past, prevented the application of eugenics to marriage without destroying the fundament upon which its attractiveness almost wholly depends, to wit, the love which constitutes the primeval and preponderant force behind it. In view of this, it would appear that the education of the individual in certain aspects of marriage provides a better solution of the problem than any attempts by the State to select suitable partners, to prohibit alleged unsatisfactory unions, or to prevent undesirable births by sterilization.

There is no reason why a young man or a young woman should not exercise some degree of discrimination along eugenic lines in the choice or acceptance of a partner in marriage. The first choice should concern itself with the avoidance of a union between partners exhibiting physiological defects which, because of their strongly hereditary power, would almost certainly reappear in the progeny. Thus hare-lip, brachydactyly and syn-

dactly. Similarly, certain diseases such as tuberculosis, haemophilia, diabetes, syphilis, exophthalmic goitre and hyperthyroidism ; also mental states like feeble-mindedness, chorea, epilepsy, *dementia præcox* and schizophrenia. As it is possible for many of these defects and diseases to exist in a latent as well as an active form, and to be quite unrecognizable by the ordinary observer, it is advisable for *every* individual contemplating marriage to undergo a rigorous medical examination. If, in the opinion of the physician, there is anything in one's heredity or physiological make-up that renders marriage undesirable, or, as an alternative to prohibition, the practice of birth control advisable, the matter should be discussed fully and frankly with one's proposed partner.

It is also advisable that the partners in marriage should have approximately similar tastes, interests and outlook. In the first throes of passionate desire and love, incompatibilities of this nature are likely to be glossed over as of little account, on the assumption that they will be straightened out in the course of a happy married life. But unfortunately, in practice, this rarely happens. Many a difference of opinion upon such an apparently trivial matter as religion or politics has led to endless bickering and unhappiness ; many a husband's penchant for an entirely different form of relaxation or amusement to that displayed by his wife has constituted the ruination of a marriage.

Beyond keeping in mind the need for these equalizations, it is doubtful if anything can be done in the way of precautionary measures. For

when we come to consider the question of applying, in the realm of intellect, talent, genius and the like, the same principles of selective breeding as apply in regard to physical properties, we are upon very insecure ground. The eugenists, in contending that human beings of specific talent or intelligence could be produced by a scientific system of mating, are basing their contention upon the assumption that intellect is hereditary in the way that physical characteristics are hereditary. They have no ground for making any such assumption.

No process of thought, nothing that has anything whatever to do with thought-formation, is hereditary. Abstract ideas, or even simple thoughts, that is, every act of reasoning above the level of animal tropisms, is the result, unconscious or otherwise, of the relation of one act or process to other similar circumstances. The baby's sucking of its mother's breasts is tropistic and therefore truly instinctive, and it is observable that every article, whatever its size, shape or nature, that is put within reach of the baby's grasp is similarly subjected to this sucking process. The infant ceases to put these articles into or against its mouth only when, through experience, it learns that they can be used pleasurable in other ways : this knowledge is definitely acquired and in no sense is it inherited.

It will be argued that even if there is no inheritance of specific abstractions there is inheritance of tendencies towards particular directions of thought : for instance, the tendency of the son of a burglar to be a criminal ; of the daughter of

an actress to become a celebrated mime ; of the son of a novelist to achieve fame in his turn as a brewer of stories ; of the child of a famous orator to charm the populace with his speeches. And in proof of all this, the eugenists, and others subscribing to the heredity hypothesis, with much gusto, trot out instance after instance, piling their evidence to the rafters.

Beyond what is automatic, there can be no inheritance of a tendency towards anything. A tendency towards novel-writing or acting or pocket-picking is no more automatic, and therefore unconscious, than is a tendency towards flying across the Atlantic, or playing baseball, or washing dishes, or breeding prize rabbits. There may be an inherited tendency towards imbecility or lunacy, through the child inheriting a certain physiological or pathological condition which, providing no other factor proves stronger than the inherited one, favours the development of imbecility or lunacy. But this is an abysmally different thing from the inheritance of a specific characterization. It is one thing to say a child inherits this tendency towards imbecility or feeble-mindedness : it is quite another to say it inherits criminality. The fact that certain feeble-minded children often develop into criminals does not mean that they are inevitably bound to so develop, no more than it is certain that the child of a Congo savage must inevitably develop anthropophagy. This infant savage certainly does grow up with a taste for anthropophagy, but divorced from its environment and reared in civilized surroundings, would it by the time it reached puberty possess any such

taste? This, after all, is the true measure of hereditary limitation.

Here we lay bare the weakness of the argument I have instanced, so beloved of eugenists and the public generally, that the celebrities whose sons and daughters in turn achieve fame have inherited their talent from their parents. There is no evidence of such inheritance. But, on the other hand, there are two good and sufficient reasons which, separately and together, account for the achievements of the progeny of the famous. Firstly, it is perfectly natural, and it should be obvious, that the son of a celebrated artist will develop a taste for art; that the daughter of a famous actress will naturally, through the mere fact of growing up in the atmosphere of the stage, develop along these lines. I am perfectly familiar with all the aphoristic sayings, nowadays dressed up in psycho-analytic jargon, about the contempt for their parents' professions induced in the minds of the progeny. But almost all such cases, and naturally there are many, are where the parents are failures, not successes. Secondly, and again its obviousness should be apparent to every sane individual, the children of a celebrated personage, unless these youngsters are actual idiots, have opportunities to achieve fame along the same lines as their parents, a thousand times greater than have any other children whose aspirations happen to lie in similar grooves but who have not equal advantages in the matter of parentage. It is all very well and good to read the idiocies of Samuel Smiles and his school, to talk glibly about merit coming to the front and ability finding its own

way, but all such talk is largely poppycock. To-day, there is no shortage of men and women with ability, and even talent, who are quite unknown, because they have never had any opportunities to display that ability or talent. For every man occupying a high-salaried administrative post in this country, there are, at a modest estimate, five hundred others who could do the job equally well, and in many cases better, but who have to be content with living their lives as automatons at modest salaries. In the race for fame and fortune in modern civilization success depends upon many things, but the three factors which, in the order given, are most instrumental in securing this success are : (1) influence, (2) luck, (3) ability.

Even were sheer ability taken into consideration, the son of a celebrated or an influential man would have a huge advantage : he would be successful where others, possessing equal knowledge and skill, would fail. The demand for ability does not in any way equal the supply. Even so, ability is not the main criterion. The son of the famous or influential does not need to possess any special ability, for the simple reason that his ability is taken for granted.

When, therefore, one considers the children of the famous who, through the powerful force of example, grow up in the same grooves as did their parents ; and those who, whether or not they acquire a degree of skill equal to that of their parents, are able to secure the assumption of its possession, the marvel of it is, not that so many tread in their parents' footsteps, but that there are any who do not. When one considers, too,

the cumulative effects of this process, which has been proceeding merrily since the beginning of civilization ; when one surveys the huge number of actors, film stars, novelists, politicians, artists, musicians, *et al.*, who have sons, daughters, brothers, sisters, nephews, nieces, mistresses, lovers, blackmailers, and even friends, functioning successfully in the same lines as themselves, the wonder of it is that anyone without a famous relative or an equally famous friend, can get a chance at all. Occasionally, through some queer streak of luck, an unknown beginner without influence *does* achieve success. By virtue of the very rarity of the thing, the event is noisily chorused from one end of the country to the other by the Press, the cinema and the radio ; and, in true Samuel-Smiles style, this callithumpianed performance encourages the thousands of aspirants scattered the world over. But such opportunities are rapidly diminishing in number.

There are cases where the children of the famous do not carry on the family tradition, and this, as it is supposed to damage irretrievably the environmental hypothesis, is instanced by the heredity worshippers as another and an additional proof of their postulatum. They like to have the thing both ways. But in reality, what damage it does is to the heredity myth itself. There are always instances where children are physiologically or pathologically incapable of engaging in the professions or crafts of their parents : for instance, where the daughter of an actress is too ugly for the profession ; where the child of an orator has defective speech ; where the son of a musician

has congenital syphilis. But cases of this nature, where the defect or disability cannot be hidden or blinded by sheer weight of the parent's fame, are rare. More numerous are instances where the children take a violent dislike to the parental profession, often through it being impossible to create the right environmental atmosphere for the duplication of the precise mentality flourished by the parents.

The net result of all this is that mentality is not hereditary in the sense that physical characteristics are hereditary ; that, on the contrary, environment plays the lion's share in the formation of the child's character, ability and mental attainments.

## II

The modern tendency is towards delaying the age of marriage. This applies to both sexes. At one time the male was accused of evincing a marked disinclination for early marriage, while the female made every effort to secure a husband. To-day, as a result of her increased economic independence, the female is almost as keen as the male on delaying the age of marriage in order that she may enjoy what is termed 'a good time' before settling down to the responsibilities of domestic life.

The policy has its advantages, true enough. But it is not without its drawbacks, especially for the woman, not the least of which is that with every year added to her age the chances of finding a husband are diminished. Further, if she indulges in 'love affairs,' and becomes (as is increas-

ingly common) not unacquainted with the mysteries of sexual intercourse, she will find that her appeal to the male who is seeking a partner in marriage is much reduced. For the vast majority of men, however responsive they may be to, and however much they may enjoy the company of, girls of sophistication and glamour, show a decided unwillingness to marry them.

If either the man or the woman is hoping for a productive union, by delaying marriage until comparatively late in life the prospects of the alliance proving fruitful are very considerably reduced. The most fertile years of a woman's life are between the ages of twenty and twenty-five, and of a man's between twenty-five and thirty-five. Every year after these higher ages are reached, in both sexes, decreases the likelihood of conception occurring. This is a point which few young men and women ever take into consideration. Moreover, the later in life a *first* pregnancy occurs the more painful and dangerous is childbirth for the woman. The womb, the cervix, the vagina steadily lose their elasticity ; the whole pelvic area becomes firmer.

The recent researches of Hartman and Crew seem to indicate that for a period extending over three or four years from the time of commencing to menstruate, the female is unable or unlikely to become pregnant. This new light upon the phenomenon of conception disposes of the old notion that impregnation and subsequent pregnancy were possible from the moment when menstruation commenced.

## IV

Modern society is at last beginning to accept what has long been realized by a minority of sociologists, members of the intelligentsia and other advanced thinkers ; to wit, that alongside any system of monogamy there should exist a coincident sane system of divorce.

The idea that the monogamous alliance, in all but cases so exceptional as to be negligible, should endure until the death of one partner brought about the termination of the union, constituted the original fundament of marriage. Implicit in this concept was the idea that monogamy represented an arrangement allowing no means of redress in case of error. It was, in effect, an irrevocable alliance made between two individuals in circumstances when any sane examination of the terms of the contract was always improbable and usually impossible.

In addition, any strict system of monogamy, if it were observed, would of necessity compel a considerable proportion of the female population not only to remain in a state of spinsterhood but to adopt a form of self-induced spiritual eunuchism which denied them the right to fulfil the biological destiny of the female of the species.

There is no justification for the State compelling a man and a woman to continue to live together when the primary reason for such an alliance has ceased to exist. The case for the granting of facilities for the easy dissolution of a marriage contract is excellently put by George Ryley Scott. Thus : " Love alone justifies marriage ; love alone

makes its restrictions and trammels endurable—at least, to anyone whose intelligence is superior to that of a hog. When love ceases to exist between man and wife the parties to the union should be perfectly free to end it." (*Marry or Burn*. Greenberg, New York, 1931.)

## CHAPTER VIII

### THE HONEYMOON AND ITS IMPORTANCE

#### I

It is no exaggeration to say that in most marriages between individuals without pre-marital sexual experience, or without some theoretical knowledge gained from text-books on sex and marriage hygiene, the initial attempts at intercourse are only partially successful and that in a proportion of cases they fail completely.

Sex knowledge must be acquired somehow (see Chapter XXI). It is unfortunate, but it is true, that very many men secure their knowledge of sex from prostitutes long before they embrace marriage. The result of this initiation very often causes them to approach the marriage bed in a manner well calculated to offend a sensitive and an innocent girl.

Every man, before marriage, should give much consideration to his behaviour during the honeymoon period, and especially on the first night of marriage. It is not too much to say that upon the sexual behaviour of the male and the reaction of the female on this particular occasion depend much of the happiness of marriage. Thousands of unions have been ruined by the thoughtlessness of the male during these early days. In lots of instances young girls have had their ideals shattered

in a single night by the behaviour of the men they have married.

Every young man should realize that to any sensitive girl without pre-marital sexual experience (and even to-day there are many such girls), the first night of the marriage constitutes something of an ordeal. Even if she has been given some inkling of the nature of the initial sex act, and of the haemorrhage which so often accompanies it, an ordeal it still remains. It therefore behoves the husband to do everything in his power to mitigate such distress as is inevitable, and to prevent what is not inevitable. Realizing something of the nature of this ordeal the man should show every consideration for the feelings of his wife.

In the first place it is neither necessary nor advisable, in every case, that there should be any actual intercourse during the first night of the honeymoon, or even during the first week. Where the girl is young, devoid of sexual knowledge or experience, and unsophisticated, it may be advisable to precede the sex act in its entirety with love-making, petting, and other sexual overtures spread over several successive nights. This gradual initiation into the mysteries of sex is infinitely preferable to the usual display of eagerness which, to so many young brides, has all the appearance of an attack and gives an idea of selfishness and brutality.

The husband should, too, realize that in consequence of the rupturing of the hymeneal membrane and the resultant haemorrhage, the sexual parts are likely to be sore for some days after defloration. In such circumstances, he

should refrain from any attempts at further intercourse, allowing the bruised surfaces to heal.

One caution may be mentioned here : it is of profound importance. A wedding is an occasion for feasting. There is often much drinking. Many bridegrooms, by the time night comes, are in a state of hopeless intoxication. *No greater error could be made than to drink to excess on this occasion.* Many a marriage has been ruined on the night of its consummation by a drunken bridegroom. And, if anything, a drunken bride is worse.

## II

The girl, on her part, should make every effort to acquire some knowledge of sexual technique so as to be prepared for the inevitable initiation. If her mother or some female relative or friend does not give her an idea of the sex act and some practical advice, she should secure the necessary information from the literature devoted to the subject.

It may seem strange, but it is nonetheless true, that there are women who have a positive aversion to sexual intercourse, and who complain afterwards that they did not know that married life involved regular practices of this nature. Such women should, of course, never marry. They would save themselves and their partners in the marital union much unhappiness if they remained single.

While many men are much to blame for the unseemly haste they show to engage in sexual intercourse immediately the marriage knot is tied, some women are just as much to blame

for the aversion they display to sexual intercourse and the frigidity they assume.

Then there is the question of birth control to consider. The best course of all is for the engaged couple to talk the whole matter over before marriage, but admittedly few girls and just as few men care to broach so delicate and intimate a subject at such a time. And yet the importance of the subject is such, and its possible effects upon future happiness may be so great, that I am firmly of opinion that the male should, in the interests of both parties, overcome any scruples he may possess and put the matter to his fiancée. By the exercise of a little tact, and the seizure of a favourable opportunity, it *can* be managed, in most cases, without any fear of giving offence. Tentative approaches to the subject may easily be made by turning the conversation upon the subject of children, and noting the reaction, bringing in the personal aspect at an opportune moment. It may well be that the girl's great ambition is to have children of her own : in such a case, if the young man, owing to financial reasons, cannot afford the luxury of children, he should say so without hesitation or equivocation. To wait until after the marriage is not the same : in such circumstances the girl feels she has been cheated. On the other hand, it may be that the man is the one who has set his mind upon the rearing of a family, while the girl, through fears connected with pregnancy or for other reasons, views the prospect of child-bearing or child-rearing with the utmost aversion. If the ground is not cleared beforehand, there will be every prospect

of the marriage being punctuated at every turn with quarrelling and consequent unhappiness.

In any case, the girl, because she is the one who bears the brunt of the affair, must decide for herself what attitude she should adopt during the early weeks of marriage, irrespective of any unexpressed wishes of her partner. In the event of her deciding, as is more than probable, that a pregnancy the first year would be inadvisable, she will wish to take steps to prevent such a contretemps. The matter is complicated by the fact that she is a virgin, making it impossible for her to adopt any thoroughly reliable method of contraception. Which brings us to the question of whether or not artificial defloration is advisable.

### III

In the second chapter of this work a description has been given of the hymeneal membrane which partially occludes the entrance to the vaginal passage. This membrane is *usually* ruptured on the occasion of the first complete sex union, and the act of rupturing is sometimes painful and is occasionally accompanied by a degree of haemorrhage which may be both alarming and embarrassing.

Actually the *fear* of pain has more to do with the ordeal of the 'first night' than the pain itself. In recent years a good deal of nonsense has been circulated concerning the pain accompanying rupture of the hymen and the necessity for defloration before marriage. In nine cases out of ten this pain is extremely slight; in a

similar proportion of women there is no real need for artificial defloration. The alarming statements in circulation are based upon exceptional instances where, as a result of an abnormally tough hymen, or the delayed age at which defloration occurs, severe pain and violent haemorrhage have occurred.

At the same time all risk of pain and of haemorrhage can be avoided by having the hymen artificially ruptured by a surgeon, or by the act of self-dilatation. Young women on the eve of marriage should give this question of artificial defloration the most careful consideration, and if there is any doubt on the matter it may be well to have a talk with the family doctor. Grounds which would justify dilatation are : (1) where the need for the avoidance of pregnancy is imperative, and (2) where the fear of the pain or haemorrhage associated with the initial act of intercourse has reached obsessional dimensions, as it undoubtedly does in some neurotic or hypochondriac women.

A decision having been made, the *best* course to adopt is for the girl to mention the matter to her fiancé before the actual operation is performed. The need for this step is indicated through the fact that the notion still persists that the haemorrhage accompanying the first sex act, consequent upon the rupture of the hymen, is a sign of virginity, and although this is not necessarily so (see Chapter XXI), the position of the artificially deflowered virgin may easily prove to be a most unsatisfactory one. The risk of a husband's suspicions and resentment being aroused at a

time upon which depends so much that is connected with the future harmony of marriage is far too great for such a step to be taken without his knowledge and approval. It is important therefore that the girl's fiancé should be consulted. Admittedly the matter is one of extreme delicacy, and it is to be understood that the girl blessed with a sensitive mind and æsthetic feelings will not care to discuss such a subject with the man she elects to marry. There is, however, a way of getting over this difficulty. Her mother, or father, or, if she has no parents, her nearest relative, may be willing to perform this duty. Or better still, the surgeon who is to perform the operation will no doubt be willing to explain to the young man its advisability and harmlessness.

There is nothing to dread in artificial defloration. The technique is simple. In fact it is so simple that the woman, provided she has no objection to touching her genitals, and provided also the hymen is not in any way abnormal, can do it herself.

All that is required for self-dilatation is a jar of vaseline or a bottle of olive oil. Wash the hands thoroughly and clean and trim the finger-nails. First, be sure that the correct opening is located, that is, the second of the two apertures, the one nearer the back passage. Dip the index finger into the olive oil or vaseline, and introduce the tip gently into the hymeneal opening as far as possible, then withdraw and again insert, continuing the process until gradually it becomes possible for the whole finger to be pushed through the orifice. It is not advisable to continue the

operation more than a few minutes at a time ; it is better to repeat the process at intervals rather than attempt to accomplish too much at once. In a day or two, after repeated insertions of the first finger, it will be found that a second finger can be inserted at the same time. At all times keeping the fingers well lubricated, the process must be continued until three fingers can be intromitted, which is an indication that dilatation is completed.

It is, however, more satisfactory and quicker to consult a surgeon, who will widen the vaginal entrance by inserting sounds of gradually increasing sizes. Where the hymen is of a particularly tough nature, or unusually thick, it may be necessary to cut it wholly or partially away. Only in rare cases is anæsthesia necessary.

It may be mentioned here that, apart from any question of birth control or fear of pain and hæmorrhage, any virginal woman who elects to marry comparatively late in life should consult a surgeon respecting the advisability of artificial defloration. With advancing years the unruptured hymen gradually increases in toughness, and it may well prove so serious an obstacle to penetration that the complete sex act is impracticable. In particular is this likely to happen where the husband is old or for any other reason is of sub-normal sexual virility.

## CHAPTER IX

### THE SEX ACT : ITS OBJECTS AND TECHNIQUE

NATURE's aim in making the sex act a pleasurable and satisfactory affair is to ensure the continuation of the species. This applies to man as much as it does to any other animal. For centuries of civilization this natural object of sexual intercourse was accepted by the public. Indeed, in the early days of civilization, as we have seen, the woman who did not conceive and bear children was scorned by her kind. Likewise the man who was known to be impotent was an object either of pity or of laughter.

In the past quarter of a century all this has changed. The spread of birth-control knowledge, and the acceptance of the virtues of anti-conceptual practices, have had revolutionary effects. It is no longer conceded that the sex act has no justification unless it is perpetrated with the specific object of inducing conception ; it is no longer held that the one and the main object of marriage is the breeding of children. On the contrary, sexual intercourse is held to be justificatory without any attempted or implied explanations or excuses.

It is also being generally admitted that there is a technique of sexual intercourse, and that to secure the fullest satisfaction and mutual benefits out of marriage a mastery of this technique, by both husband and wife, is essential. It is true this is no new discovery actually. Many sexually sophisticated men and women in the western hemisphere, and the majority of the orientals, Arabians, *et al.*, have long been acquainted with the necessary technique.

The notion so long held by the majority that all the sexual knowledge required by either husband or wife is a matter of instinct, is a fallacy. In another part of this work (see Chapter XXI) I have examined this belief at some length and attempted to expose its spuriousness. Suffice it to say here that lack of this knowledge causes much marital unhappiness.

## II

The distinction between the male and the female in matters of sexual ability and capacity lies in the fact that while the female can take part in sexual intercourse irrespective of whether or not she is erotically excited, the male can only play his part in coitus under the urge of sexual excitation and passion. Because of this important distinction it is commonly stated that the male's part in copulation is an active one, while the female's part is a passive one. This statement is by no means universally true. The passivity of the female need only occur where she dislikes or is indifferent to intercourse in general, or with her

partner in particular ; or where, for contraceptive purposes, she simulates a passivity that is not natural to or habitual with her. To enjoy and to enter into the sex act in the fullest degree the female as well as the male must be sexually stimulated.

The male, however, must be stimulated sexually in order to *participate* in intercourse at all. Even with this essential preliminary stimulation he may not be able to engage in actual coitus. If the supply of seminal fluid is temporarily exhausted, or if he is suffering from any other form of spasmodic or permanent impotence the sex act becomes a virtual impossibility.

Allowing that the husband is not suffering from some form of impotence, sexual stimulation may take any one of several forms. Mere contact with the woman he is in love with is usually sufficient in itself. Kissing and the love-play which usually precede coitus are sufficient, in many instances, to arouse sexual libido.

The sex act becomes a possibility for the male only when his penis is in a state of erection. This is the result of the flow of blood into the organ, causing it to enlarge, extend, and become rigid. It is in this state of erection that the penis is inserted into the female vagina. A series of rhythmic movements, in which the penis rubs against the female clitoris, stimulates and intensifies sexual excitement. It is desirable that these rhythmic movements should continue for some little time before orgasm is reached and ejaculation occurs. In fact, for both husband and wife, much of the pleasure associated with coitus is due to the

success of these movements. When the height of sensation, called the orgasm, is reached, ejaculation occurs, the seminal fluid gushing out from the urinary meatus into the vagina.

In successful intercourse, that is, where *both* husband and wife experience orgasm, the above-mentioned excitatory movements of the penis are essential. The female, as a rule, is much slower in reaching orgasm than is the male, with the result that it very often happens that the act of coitus is over and done with in a matter of seconds, without the woman experiencing any true sensation. In those women who are afflicted with *anæsthesia sexualis*, who are so anxious concerning the risk of pregnancy that all pleasure in intercourse is debarred them, or who have no desire to participate in the sex act at all, this lack of orgasm appears to be of no moment. But those who do find the sex act a pleasurable and stimulative experience, feel, naturally enough, that they have been robbed of something. Their sexual libido has been aroused, and then, in the end, they have been disappointed. There can be no doubt that this failure to achieve orgasm through the selfish haste and lack of consideration on the part of the husband, is the cause of much unhappiness and dissatisfaction in marital life.

### III

The customary method of performing the sex act is for the woman to adopt the supine (face upwards) position while the husband lies above and upon her. This posture favours the love-play

which should precede every sex act, though it is by no means the most satisfactory position, one important drawback being that the woman has to bear the full weight of her husband's body. In this position it is advisable for the woman to draw her knees upwards and outwards to the fullest possible degree.

In the reversed position, which still allows full play for embracing and kissing, the woman is able to control the extent and degree of penetration. She either sits astride her husband's thighs or leans over him. This attitude has many advantages in certain circumstances, notably where the woman is slight and the man heavy, and when the husband is weary. There is no reason whatever why it should not be practised if it is felt that an improvement in intercourse would in this way be effected. Its condemnation in the past, and its prohibition by certain religious bodies, have been merely because it was thought to represent a reversal of the old concept of the woman being man's inferior—her assumption of the topmost or superior position in sexual intercourse was felt to have dangerous implications or a subversive significance.

Another variation consists of both husband and wife lying on their sides : the woman on her right side with her knees drawn upwards as far as possible, and the man on his left side, facing her. In this position, the weight of neither partner impedes nor distresses the other. This position is particularly indicated after childbirth, a major operation, or an illness.

The standing position, though popular in certain sections of society, is not to be recommended

in any circumstances. There is a risk of injury to the female vagina through misdirection of the penis. Fürbringer gives an instance where fatal results followed the adoption of this position.

There is a variation which it is sometimes advisable to adopt during the honeymoon period, as it minimizes and often completely avoids any pain connected with the rupture of the hymen. The female sits on the edge of the bed with her feet resting on the floor, the husband taking up a standing position between her legs.

If the orthodox dorsal position, with the woman on her back, is the only one practicable—which, for various reasons, it may be—penetration may be rendered less difficult and painful by elevating the female buttocks by means of a pillow slipped underneath, at the same time spreading the legs and drawing up the knees to the uttermost limit. It should be noted, however, that this position and procedure favour conception.

Intercourse from behind, or quadrupedal coitus, is not recommended, despite the fact that, according to many anthropologists, it is the natural position, being almost invariably practised by savage races, and everywhere preceding the face-to-face attitudes. In this position, the husband is behind his wife, whether she is lying on the bed face downwards, on her side, or standing. Obviously in such a position, there can be none of that preliminary love-play which is of such importance in sophisticated sexual intercourse.

I do not think it necessary or advisable to detail here any of the various other positions which are available. Some of these are of an acrobatic

nature and impracticable for most persons ; others are likely to prove *injurious* in all but the most exceptional circumstances.

In closing this section I would voice a general warning in relation to all forms of sexual intercourse. Whenever and wherever either husband or wife complains that the method of intercourse that is being practised causes any sort of pain, discomfort, weariness, or has any debilitating physical or psychological after-effects, it is time to try some variation or modification in that particular method or to adopt an entirely different one. The sex act should be mutually stimulative and pleasurable—it should not exhaust or cause discomfort to either partner. If it does, there is something wrong. For instance, if the orthodox dorsal position proves exhausting to the husband, the reversed attitude should be tried ; if the woman finds these postures too tiring, the adoption of the side position may solve the problem. It is not possible to give advice that is universally applicable : this is a problem which each married couple must solve for themselves. But in all cases this rule applies : *if any position causes pain for either party, change it immediately, or, failing this, give up intercourse altogether.*

#### IV

The frequency of intercourse is dependent upon many factors, and naturally it varies considerably in different cases. In the ideal marriage, the time of intercourse and the number of instances will be matters for mutual arrangement.

It is important for the husband to bear in mind

that because his wife is always able to have intercourse is no excuse for its infliction upon her against her wishes or her will, and at inopportune times. Excessive demands, in themselves, unless the woman verges upon being a nymphomaniac, may well be a cause of marital discord, and will inevitably in time induce frigidity.

Just as important is it, however, for the wife to realize that her husband has certain rights in regard to intercourse. It is most unfair and unjust on her part to accuse him of thinking of nothing but sex, and to proclaim that she does not care for or wish to practise coitus. If this represents her opinion she had no right to marry. More, she has practically married under false pretences. Moreover, every wife should realize that, unlike herself, the male of the species can only enjoy sexual intercourse at certain times, and that within reason, it should be a matter of duty to meet her husband's desires in this respect wherever possible and to the best of her power. For while she *can* practise coitus at any time and almost to any practicable extent, her husband is in a very different position, and it by no means follows that he can invariably and successfully fit in with her arrangements.

Generally speaking, after the early years of marriage, sexual intercourse shows a marked decline. Thus, apart from the fact that with advancing years the male finds his sexual capacity decreasing, and the female exhibits a corresponding decline in desire (her capacity is not affected) ; there is usually a mutual decline in the inclination for intercourse as the years pass.

During the first twelve months or so of married life it is probable that coitus every night, or perhaps five nights out of seven, with brief periods of inactivity owing to menstruation, will be the rule. After this initial period of maximum activity, the rate will probably slow down to twice a week, and, at the end of four or five years, to once a week or possibly once a fortnight.

## V

At certain periods in every married woman's life it is inadvisable to practise sexual intercourse.

The first, and perhaps the most important of these occasions, is concerned with the period of gestation. There are certain parts of this period when coitus is inadvisable. Many married women and their husbands are unaware of there being any risks in connection with indulgence in the sex act during pregnancy. So far from curtailing their activities, in those cases where birth control has been rigorously practised and has failed, there is a tendency to indulge in increased rather than diminished sexual activity.

Now it is important for every pregnant woman, and the husband of every pregnant woman, to realize that : (1) it is dangerous to practise intercourse during the *first* few weeks of gestation ; and (2) it is doubly dangerous to pursue the same policy during the *concluding* weeks of gestation. In the early stages of pregnancy there is always a possibility of a miscarriage being caused ; in the final stages there is not only the risk of inducing a premature birth, but there is every likelihood of

dangerous bacteria being introduced into the cervical canal and the womb, with the possibility of a serious infection as an aftermath.

Equally important is it that there should be no attempt at intercourse for some time after parturition. Many a dangerous infection has resulted from a selfish husband's insistence on the resumption of intercourse before the sexual organs had resumed their normal condition, or before perineal, vaginal, or cervical tears and injuries had been properly repaired and healed. Women vary considerably in the time taken to recover from the ordeal of childbirth and its complications, but for general guidance, at least two months should be allowed to elapse before sexual relations are resumed.

As regards coitus during the menstrual periods, the question is more one concerning the personal views and reactions of the husband and wife as applicable in each particular case. It is not a matter for specific rules. For, actually, if attention is paid by the woman to personal hygiene (see Chapter III) there is no need to worry about any evil effects of coitus indulged in at such a time. The old ideas in this respect are pure fallacies (see Chapter XXI). There is no risk of injury or infection as regards either the female or the male. Cases where a husband has contracted urethritis or balanitis have been where the woman's genitals, through neglect of ablutionary measures, were in a dirty state, and not from the fact that she was menstruating.

At the same time the æsthetic side of the matter must receive adequate consideration. There are

women who cannot bear to think of their husbands approaching them for the purpose of sexual intercourse at such a time ; there are men who would consider coitus with a menstruating woman most objectionable, and if they were aware of the woman's condition it is highly probable they would be stricken with temporary impotence. In all such cases coitus is distinctly contra-indicated. Any husband or wife who would insist upon intercourse despite the æsthetic objections presented by the partner in the marriage would be guilty of betraying a degree of selfishness and callousness which could only imperil the happiness of the alliance.

## VI

Is coitus ever dangerous to life ? Does it ever, in any circumstances, cause grave injury ? The answer to both questions is in the affirmative.

The sex act imposes a severe strain upon the whole male metabolism. The young virile man can stand this strain, and its frequent repetition, with impunity. With advancing years, the position alters. Especially does it alter if the man, as so often is the case, is afflicted with high blood pressure or diabetes. In both instances coitus should be avoided altogether. The danger is all the more marked if an old man indulges in extra-marital intercourse, as in such a case a new and possibly young partner increases greatly the sexual excitement. It is in such instances as these that men are found dead in brothels, or die soon after visiting prostitutes.

Injuries are much more common than fatal

results. These occur in men of all ages, particularly when under the influence of alcohol or drugs. The most frequent of these is rupture of the penis, a most painful affliction. In old men, and in younger men under the influence of drink, such injuries are common. Also ignorance of how to perform the sex act, or too violent attempts under the stress of sexual passion, may cause trauma. In such cases there may be injury to the *corpora cavernosa*, resulting in permanent impotence as a consequence of induced malformation of the penis. Or the urethra may be ruptured. Such injuries usually result from violent contact of the penile organ with the woman's pubic bone.

It is not often that a female dies as a direct result of sexual intercourse. Even in cases of rape, deaths are extremely rare. The reason for this is the comparative passivity of the female's part in coitus. There is no vast disturbance of the female metabolism in any way commensurate with that of the male. But there are many cases of serious injury, usually resulting from carelessness, ignorance, or gross brutality on the part of the husband or the lover. Especially are these injuries likely to happen during the honeymoon period, during gestation, after parturition, severe illness, or a major operation. The vaginal walls are often lacerated on these occasions, or fistulæ may be caused. As I have already mentioned, many cases of severe injury have been caused through coitus in the standing position.

C H A P T E R X

THE PHENOMENON OF CONCEPTION

I

CONCEPTION is the embedding in the womb or the adjacent genitalia of the impregnated ovum. In most cases it is followed by pregnancy and child-birth.

For conception to occur, various preceding factors are essential. They are :

- (1) The meeting of the male and female in sexual intercourse, or of some analogous or equivalent practice, as in artificial insemination.
- (2) The ejaculation of virile spermatozoa by the male.
- (3) The occurrence of ovulation in the female.
- (4) Favourable vaginal, cervical, and uterine conditions, together with absence of pathological conditions in the Fallopian tube.

Nor is the occurrence of one or two of these specified factors sufficient. *All* must occur coincidentally or conception will not follow cohabitation. It is because of this that, relatively speaking, so many sexual acts are non-productive ; that a woman may indulge in coition regularly over a

long period, and take no contraceptive measures of any description, without becoming pregnant. On the other hand, there are, of course, many instances where the first and only act of sexual intercourse results in conception.

The main reasons for woman's failure to conceive, always have been, and still are, despite the spread of birth-control knowledge, that the sex act occurs at a time when she or her husband is temporarily sterile. It is true that the causes of intercourse occurring at such periods are largely, if not altogether, accidental, but this does not in any way affect the issue.

It has long been known that every female, between the arrival of puberty and the completion of the menopause, has recurring periods of biological sterility. These sterile periods constitute the main portions of successive ovular cycles. Such a cycle is measured by the number of days which elapse between one period of ovulation and another. The cycles vary in duration in different women, and sometimes in the same woman at different times.

Recent biological research has narrowed considerably the length of time in each menstrual cycle when fertilization is possible. It has, for instance, demonstrated that the ovum cannot continue to exist in a state favourable for impregnation during any extended period of time. Professor Hermann Knaus has limited this period to a matter of twenty-four hours. It has further been shown that the old notion of the spermatozoa being deposited in the cervical canal or the womb, and retaining their vitality for weeks on end, is

nothing more than a fallacy. It is possible and probable that the concept of a motility and viability limited to a few days is much nearer the truth ; certainly it seems barely conceivable, in the light of this newer knowledge, that any spermatozoon, however virile, after it has been a week within the female genitalia, where it is subjected to various kinds of hostile action, can fertilize a female ovum. All things considered, it is extremely unlikely, allowing generously for the life of the ovum on the one hand and of the spermatozoa on the other, that in any menstrual cycle, whether long or short, there are more than seven or eight days on which conception is a possibility. This much admitted, a moment's thought will enable one to realize that, roughly speaking, the coital act can be experienced by a female at least 260 days out of the year without the slightest chance of conception occurring.

According to Jewish practice, in marriage there is abstention from intercourse for about a fortnight out of each menstrual cycle, *i.e.* during the period of discharge, four days before the commencement of bleeding and eight days after its cessation. In this way, intercourse is practically restricted to the period during which the woman is most likely to conceive : *i.e.* the actual time of ovulation and those days immediately before and after it. It is not too much to say that this practice may have something to do with the well-known phenomenal fertility of the Jewish race.

Then there is the male to consider. Contrary to popular opinion, ability to perform the sexual act does not necessarily mean ability to fertilize,

## SEX, LOVE, AND EUGENICS

any more than, in the female, does it mean ability to conceive. Man has his periods of sterility, only in his case they are not governed by any biological function analogous to ovulation, but by the extent and regularity of sexual intercourse, and the incidence of spermatogenesis.

Fertilization is dependent entirely upon the presence of *virile* spermatozoa in the ejaculate. There is no guarantee that these spermatozoa *are present*. The *amount* of seminal fluid discharged during each coital act is no indication whatever as to the number or virility of the spermatozoa present. Coitus can be practised long after the whole available supply of spermatozoa is exhausted.

There are, of course, great variations in the rate of spermatogenesis, but generally speaking, where coitus is practised for a number of successive days, particularly if, as often happens in men at the height of their sexual vigour, the act is repeated more than once during each night, the supply of spermatozoa becomes temporarily exhausted, and after a week or so, the seminal fluid that is being ejaculated is useless for the purpose of fertilization. More and more do these factors apply with advancing age, until the time arrives when the semen contains dead and emasculated spermatozoa or none at all.

It follows from this that, in many cases, the time of ovulation in the woman coincides with a period when the male's ejaculate contains dead or enfeebled organisms. In any such case, despite the favourable position of the female for impregnation, fertilization is impossible.

## II

Sterility is, in very many cases, due to faulty nutrition, harmful environmental factors, and other products of the highly artificial life which is so characteristic a feature of the present age. The relation between civilization and sterility is so pronounced that it is now accepted as inevitable by the scientific world. Zoologists, agriculturists, and breeders of all kinds of pedigree stock, are well aware of the effects of artificial conditions upon fertility. Many wild animals, although they perform the sex act with increased incidence, do not breed at all in captivity.

Much the same thing happens in regard to the human animal. It has been repeatedly shown that primitive races are more fertile than civilized ones. In civilization itself sterility is particularly marked among the aristocratic and wealthy sections of society. The birth-rate among the working classes is much higher, but as, with every decade, the standard of living in all sections of society tends to grow more and more artificial, and to reach continually higher grades of luxuriousness, the time would appear to be coming when fertility will be almost restricted to the farm labourers in the country districts and the slum-dwellers in the cities.

Faulty nutrition (which is not necessarily restricted to any one grade of society) may not only slow down the rate of spermatogenesis in man and ovulation in woman, but may cause degenerative changes in the structure and motility of the spermatozoa and ova. There are grounds for assuming

that the excessive consumption of alcohol by either the male or the female, especially where sporadic bursts of drunkenness occur immediately before conception, affect both the spermatozoon and the ovum responsible for fertilization, causing physical degenerative changes which affect the growing embryo, and may well have similar effects upon the hereditary content of the germ cells.

The extension of the habit of taking hot baths regularly would appear to be not without its effects on fertility. It has long been known that heat applied to the testicles causes temporary sterility in animals and man. So true is this that the method has been adopted as a means of effecting temporary sterilization in man, and although, owing to the difficulty in ascertaining precisely how soon spermatogenesis will be stopped, or how long the stoppage will last, the method is not of any great practical value for purposes of sterilization, this does not alter in any way the fact that heat may have a considerable effect upon the fertility of the male section of the race as a whole. In ancient times, religious ascetics were eunuchized by the application of heat to the testicles. That spermatogenesis ceases, or is radically interfered with in a high temperature, is proved by the cessation of this function in cases of undescended testicles. It is accepted that the position of the testicles in the scrotum ensures, in the body's NATURAL state, a temperature favourable to spermatogenesis. Unfortunately, however, as civilization advances, the environment of the human body becomes more and more UNNATURAL. The male testicles are kept at a relatively high

temperature during the day by the custom of wearing trousers ; at night by the donning of the fashionable pyjamas ; and, in addition, are subjected regularly to hot baths, which serve still further to retard the proper functioning of the testicles.

In the female, there is no analogous interference with the process of ovulation by raising the temperature, but here again the practice of taking hot baths regularly, as Baker (*The Chemical Control of Conception*, Chapman & Hall, London, 1935) has pointed out, raises the possibility of there being some connection between this widespread practice in recent years and the decline in the birth-rate—soap and water are both spermicides.

An excessive acid state of the vaginal passage is a frequent cause of temporary sterility in the female. It is impossible for any woman to know when such a state exists.

The birth of one child is no indication that other youngsters will follow without trouble. What is termed 'one-child sterility' is common, especially in cases where the 'private parts' are severely torn during the process of parturition, or where the womb is badly displaced or fails to regain its normal state.

### III

Since Dr. John Hunter, more than a century ago, succeeded in causing conception and subsequent pregnancy by injecting semen into the vaginal passage, artificial insemination, as it is termed, has been given increasing attention.

Animal breeders in particular, are in the habit of employing it with marked success. Although experiments with human beings have not met with anything like the same measure of success, there are many cases on record where the method has succeeded in inducing pregnancy when all other efforts have failed. It is indicated where children are desired, but the impotence of the husband or of the wife is an obstacle to breeding. It should be noted that where either the man or the woman is *sterile*, artificial insemination is impracticable. Also, gonorrhœa in the female is a contra-indication.

Hunter's original technique consisted of the injection of semen, produced by a husband suffering from hypospadias, into the vagina. In Spallanzani's earlier experiments with animals, injections made directly into the uterus had proved successful ; and it was this method which, in the middle of the nineteenth century, Marion Sims of New York adopted in his successful artificial insemination of a patient. The results of this experiment startled the medical world, and drew attention to the possibilities of a method of impregnation which hitherto had been practically restricted to animal breeding.

The technique is relatively simple. A few drops of freshly-discharged semen are injected directly into the female womb by means of a hypodermic syringe. The method calls for the services of a medical man, as it is necessary to dilate the vagina and cervical canal. Moreover there must be a preliminary examination of the woman, and the semen must be introduced, not only under strict

aseptic conditions, but at the right temperature and in the correct quantity. An excessive amount would probably cause uterine colic and might endanger the patient's life. A supply of the husband's semen is secured by collecting a quantity, after its discharge in normal coitus (as in a case of premature ejaculation) ; in *coitus condomatus* or *coitus interruptus* (where some genital malformation in the woman is the obstacle) ; or by tapping the supply in the testicles (where there is absolute impotence, as in absence of the penis or complete stricture).

*In no circumstances whatever should the husband or wife endeavour to inject semen into the womb.* Any such attempt, whether or not it proved successful, would be *exceedingly dangerous*. There would be the risk of injury to the vagina, cervix or womb itself, and even if by some miracle the injection were made without perforation or abrasion, it is extremely likely that serious uterine trouble would be induced through the injection of too great a quantity of semen.

Where there is a marked objection to calling in a medical man to discharge so delicate a service, a method is available which can be performed without the help of a third party. Although this technique is by no means so likely to succeed as a uterine injection, it may, in particularly favourable circumstances, prove successful. It is especially indicated where the male is afflicted with *ejaculatio præcox*.

All that is necessary in the way of apparatus is a rubber pessary of the type used for contraceptive purposes. The hollow part of this pessary

is filled with freshly-discharged semen, and the appliance is then pushed as far as it will go into the vaginal passage, so that the seminal fluid reaches and is confined at or near the entrance to the womb. The woman should then lie on her back for a few hours.

C H A P T E R X I

ANTI-CONCEPTIONAL MEASURES

I

**BIRTH** control is now an accepted practice in civilized life. Familiarity with the best measures of controlling conception is conceded to be part of the sex knowledge with which every married person should be conversant.

In the past decade or so the reaction of society generally, and in particular of the clergy and the medical profession, to birth control and its problems has been revolutionized. Those who, a quarter of a century ago, would have been bitter opponents to the practice of contraception in any circumstances whatever, have now revised their views to such an extent as to concede that there are cases where its practice is not only allowable, but advisable in the interests of the State itself, in addition to those of the particular persons concerned. A growing body of influential opinion contends that the time has now come for the repeal of that section of the Comstock Law which prohibits the sale of contraceptives and the dissemination of birth-control information, and the bringing of United States law into line with that prevailing in Great Britain and many other civilized countries.

Birth control may mean the complete preven-

tion of pregnancy, the postponement of childbirth, or the spacing of births. It depends upon individual circumstances which of these forms of anti-conception control is practised. Birth control does not, however, include abortion.

The reasons for the practice of contraception are many. In certain cases it is inadvisable, purely owing to its probable effects upon her health, for a woman to undergo the ordeal of parturition. In fact, there are circumstances where childbirth might be so dangerous as to involve grave risks to the woman's life. In most of these cases complete absence of conception is indicated. Or, where either in the husband or the wife, there is present some physiological defect or pathological state which is hereditary, it is most undesirable that any child should be born to help perpetuate such a condition. Here again birth control in its most complete sense is indicated.

Other reasons are economic. In these days of expensive living and education, the rearing of even a single child involves so great a drain upon the husband's resources that unless conception can be postponed for a few years, early marriage is often out of the question. This is the reason for the practice of contraception in a very large proportion of present-day marriages.

The spacing of births is advisable for similar reasons. In addition, it is, as the medical profession has realized in recent years, advisable for promoting the health of the mother and the well-being of the progeny. In the olden days of large families, with pregnancies following each other at twelve and eighteen-month intervals, the woman was pre-

maturely old and often a physical wreck by the time she reached middle age ; while the children suffered from lack of proper attention and mal-nutrition.

Finally, so far as a large number of present-day couples are concerned, birth control is practised, not owing to health reasons, not from economic motives, but for purely individual and selfish reasons. Both husband and wife are determined not to allow the bother of rearing children to interfere with their personal pleasures and liberty. The wife may, in addition, dread the ordeal of childbirth, or fear that the burden of maternity may have some effect upon the attractiveness of her figure. It is cases such as these which the clergy denounce so vehemently.

## II

When once it is decided that the practice of birth control is desirable or essential, the main point to decide is the method to adopt.

There are many anti-conceptional methods ; so many, indeed, that the uninitiated is likely to be confused by the number and variety of contraceptives, each with its own particular technique, which are available.

Naturally, every married couple wish to adopt the best method. The trouble is, however, that **THERE IS NO BEST METHOD**. The appliance or procedure which will prove successful in one case may fail completely in another case. Also the method which proves satisfactory and successful in one set of circumstances, may well prove disappointing

and unsatisfactory, with the same person, in another set of circumstances.

For these reasons it is advisable for every couple to master the technique of at least two methods, so that absolute reliance need not be placed upon any one of those which are available. There may well be a time when the use of an alternative or an emergency method will be advisable or essential.

The woman should never rely entirely on her husband. There is invariably a risk that for one reason or another he may fail to carry out his part properly or adequately. Similarly, and for analogous reasons, the husband should never rely entirely upon the efforts of his wife.

The most widely employed anti-conceptual measures in the world are male methods : namely, the condom ('French letter' or sheath), and *coitus interruptus* ('withdrawal').

All things considered the condom still ranks as the *most reliable contraceptive appliance known*. If the condom is of sound make, in good condition, and is properly used, it is *extremely efficient*.

*It is the only thoroughly reliable method of contraception available to the male.* For this reason every married man who *can* use the condom, should master its technique. Mere distaste for the method is not, in itself, a sufficient reason for rejection. For there are occasions when the woman cannot use a reliable method herself, and if the husband, in such circumstances, refuses to use a condom, she is in grave danger of becoming pregnant. Chief among such occasions is the period covering the early weeks of marriage. No reliable female method is available to the virgin who has not had

her hymen artificially dilated : in all such cases the only really satisfactory course is for the husband to wear a sheath.

In selecting a condom it is of first importance to procure one of reliable manufacture, in fresh condition, and of the correct size. The best sheaths available to-day are those made from ' latex ' rubber. These possess many advantages over the older-type condoms made from gasoline rubber. They are moulded from ' liquid latex ' (the pure milk extracted from the rubber plant), and as the process of ' curing ' involves the use of no injurious chemicals or corrosive substances, these condoms will retain their elasticity for an extended period, are not likely to rupture during use, and are extremely strong. Further, these ' latex ' condoms have no seams : it is here that ' splits ' usually occur.

Condoms are now made in three sizes. The medium size is the one in most general use, but it is no extravagance to make an initial purchase comprising one sheath of each size for trial purposes, before coming to a decision as to the most suitable size. It is, indeed, of the utmost importance that a reasonably good fit should be secured. The proper size slips easily on to the erect organ, being neither tight nor unduly slack, and allowing about a quarter of an inch at the extremity for receiving the emitted semen. If the condom is too short and tight, there is risk of it splitting ; if it is too large and slack, it may easily slip off the penis altogether during intercourse or in the process of withdrawal.

Before the sheath is used the penis should be

greased with lactic acid jelly or other lubricant, and after drawing on the condom its exterior surface should be similarly treated. At the same time this lubricating process *must not be overdone*, or the sheath, unless an extremely tight fit, may slip off in consequence.

The only advantages which the skin condom has over the rubber appliance are : (1) it exerts no pressure on the male organ, so that there is no risk of that 'clinging' feeling which some men find distasteful, and (2) it is slightly thinner than the rubber article. Also its use is indicated in a minority of cases where there is a strong objection on the part of either the husband or wife to the characteristic smell of rubber.

On the other hand, the skin sheath is more difficult to adjust satisfactorily upon the penis, and it is necessary to moisten the outside surface, after adjustment, with water.

The disadvantages of the condom (and these apply in greater or lesser degree whether it is made of rubber or skin) are that it does undoubtedly interfere to some extent with sensation, and it can only be 'fixed' when the male organ is in a state of erection. Many men not only object to this procedure on strictly æsthetic grounds, but find that affixing the condom at such a time destroys erection. So effective and consistent is it in this respect that there are men who *cannot* use the condom.

### III

The most efficient female method is the rubber diaphragm pessary, used in conjunction with

lactic acid jelly and a vaginal douche. This appliance consists of a piece of thin rubber stretched over a wire ring. It is pushed into the vaginal passage well up into the vicinity of the cervical os, thus providing a barrier between the main portion of the vagina and the cervical canal. The effectiveness of the method rests entirely upon the completeness with which this barrier is effected. It is obvious, therefore, that the pessary must fit the vagina perfectly and securely. The appliance is made in a large number of sizes. To ensure that the correct size is secured, the woman should have the pessary selected and fitted by a medical man or someone possessing expert birth-control knowledge. At the same time, instructions will be given as to the correct method of inserting and removing the pessary.

Now even with a perfectly fitting diaphragm, there is a possibility of the microscopic male spermatozoa slipping between the vaginal walls and the pessary. To prevent this a further measure of protection is necessary. This is provided by a barrier of lubricant. To ensure this provision being made, before insertion, the pessary should be thoroughly anointed with lactic acid jelly or other suitable contraceptive ointment (grease should not be used as it will rot the rubber, causing the pessary to have a short life). Besides providing additional protection, the jelly or ointment facilitates insertion. Before removing the pessary the following morning, a douche should be used to flush out the vaginal passage. After removal, this douching process should be repeated (for the technique of douching see Chapter III).

It is not every woman, however, who can master the technique of insertion, especially if the vagina is unduly long, or her fingers are exceptionally short or stumpy. Also certain pathological and physiological conditions, notably cystocele (protrusion of the bladder into the vagina), rectocele (protrusion of the rectum into the vagina), cervical tears and flabby vaginal walls prevent its use. Chronic constipation also is a contraindication. In these cases pessaries designed for specific conditions and abnormalities may be used. In other instances a cervical rubber cap may be preferable. In all cases of abnormal vaginal or cervical conditions, however, examination by a physician versed in contraceptive technique will indicate the appliance most likely to prove satisfactory.

One of the great advantages of the diaphragm pessary or the cervical cap is that either appliance can be inserted in the vagina *before intercourse and left in position until the next day*. Its use involves none of that interference with love-making and intercourse which is so irritating or revolting to anyone possessed of æsthetic feelings.

If a pessary cannot be used or if it is objected to by the husband, the next best method available is the plug or sponge. A satisfactory plug consists of a piece of cotton waste, linen, or even a handkerchief, rolled into a ball, and pushed into the vaginal passage as far as it will go. If a sponge is preferred, the rubber article should be the one selected : marine sponges are not nearly so satisfactory. The important point, whether plug or sponge is used, is that it should be the right size.

Most women make the error of under-estimating the size of the vagina at the point where the cervix juts into it, with the result that the entrance to the womb is inadequately covered. At the same time, one must not err in the opposite direction, and so completely fill the vagina that sexual intercourse is difficult or unsatisfactory. The efficacy of this method is greatly increased if the plug or sponge, before insertion, is dipped into a suitable spermicide, such as olive oil, diluted vinegar, or lemon juice. Or it may be smeared with lactic acid jelly or with vaseline. The plug, in particular, constitutes a valuable emergency method, being always at hand if, for any reason, a pessary or a cap is not available.

#### IV

In recent years chemical contraceptives have increased greatly in popularity, mainly because they do not involve consultations with doctors or visits to clinics.

All these chemical contraceptives rely for the prevention of conception upon their ability to (1) kill the spermatozoa after deposition in the vagina, or (2) prevent the entrance of the spermatozoa into the cervical canal by means of the greasy barrier provided.

Many of these contraceptives are manufactured in the form of suppositories or tablets, so that they can be inserted into the vagina without trouble or inconvenience at the required time. Jellies or powders require special apparatus (usually supplied with the contraceptive) for their correct

insertion. The suppository is perhaps the most reliable of all chemical contraceptives, as it provides both a greasy barrier and a spermicide.

The main drawbacks are connected with (1) the lowered degree of efficacy provided by any chemical in comparison with the rubber pessaries or plugs and the male condom ; and (2) the necessity for a certain specified interval to elapse between the insertion of the chemical contraceptive and the occurrence of intercourse.

For these reasons it is unwise to rely *solely* upon a chemical in any circumstances where it is possible to adopt another method as well. The chemical contraceptive provides a second line of defence, and in this way is of value. For instance, the use of a suppository, foam tablet or jelly by the female and a condom by the husband, together provide almost certain protection against conception. As regards the rubber diaphragm pessary, cervical cap, sponge or plug, I have already indicated the advisability of smearing contraceptive jelly, ointment or other spermicide, over the particular appliance employed.

The well-known and popular male method of 'withdrawal' (*coitus interruptus*) is unreliable as a sole means of avoiding conception. Its virtues lie in its use as a supplementary method (especially where the female uses a pessary or a cap), and in an emergency where and when, as often happens, no other method is available or practicable. 'Withdrawal' calls for no appliance or apparatus ; it involves no cost at all ; it can be practised anywhere and in any circumstances. It is a useful method during the honeymoon, where the woman

is unable to use a pessary, and the husband will not or cannot use a condom : in all such cases it is well, wherever possible, for the wife to use some form of chemical contraceptive in addition, and if possible without her husband's knowledge. Practised occasionally and in emergencies it cannot have any harmful effects, either physiological or psychical, on either husband or wife.

It is advisable, if at all possible, for every husband to master the technique of 'withdrawal,' as however much he may dislike or denounce the practice it *may* happen that circumstances will arise where *no other method of birth control is available*. On the man's ability to remove the penis from the woman's vagina at the right moment largely depends the success of the method. This withdrawal *must* be effected before ejaculation takes place, so that the semen is *deposited outside the female vulva*. Any man who has not complete control of himself during coitus (many men have no such control) will probably fail to withdraw in time. Inability to achieve this, as I have already indicated, is the main reason for the failure of *coitus interruptus* to prevent conception. Another reason for failure is the escape of seminal fluid from the urethral orifice quite unknown to the male. This 'leakage,' in small quantities, during sexual excitement, and before orgasm, may not contain any spermatozoa, in which case there is no danger : on the other hand, if it is an emission from the seminal vesicles, the probability is that spermatozoa will be present, in which event there is danger. A third reason for failure is due to the frequent second attempts at intercourse the same

night without previous proper cleansing of the male organ. The semen which remains on the penis from the initial sex act (especially accumulations in and around the urethral orifice and, in uncircumcised men, under the prepuce), is deposited in the vagina during the second coital act. It is important to note that a single drop of seminal fluid *may* contain spermatozoa in considerable numbers.

Quite apart from the risk of failure, as a birth control method, inevitably associated with it, the *regular* practice of *coitus interruptus*, over long periods is, for reasons of health, inadvisable so far as *most* men and women are concerned. There is often much risk of psychological evils due to worry by the husband over his ability to withdraw in time, and by the wife in connection with the fear of conception due to lack of faith in the efficacy of the method.

Closely allied to 'withdrawal' is the birth-control method used in the Oneida Community under the leadership of John Humphrey Noyes. 'Male Continence' was the name given to it by Noyes, but it is better known to-day as 'Karezza,' under which name it was popularized, some fifty years ago, by Alice B. Stockham. The method consists of a prolongation of the normal act of coitus : the main features of which are complete absence of orgasm and the gradual subsidence of sexual excitation and penile erection before withdrawal. There is no ejaculation of semen either inside or outside the vagina. It would appear to have little to commend it, and to be much less satisfactory in every way than *coitus interruptus*, while

presenting much the same disadvantages and risks. The virtues inherent in the experiments conducted by Noyes were concerned with the eugenical aspects of his system of stirpiculture rather than the practical aspects of the birth-control measures he advocated, which were of incidental and contributory interest rather than of paramount importance—obviously other methods would have worked to the same end and were no doubt adopted, possibly unknown to Noyes (see Chapter VII).

## V

The method of controlling conception commonly referred to as the 'safe period' is popular with many women who have an objection to the use of appliances, whether such objection is concerned with the bother involved, the expense, or religious prejudices. This method, which consists of the restriction of intercourse to the sterile period of the menstrual cycle, has come into prominence again after years of neglect. This recrudescence is due to the fact that, in view of recent biological research, notably the discoveries of Dr. Kyusaku Ogino and Professor Hermann Knaus, it is now claimed that as almost every woman can ascertain the time when ovulation occurs, there is no difficulty in determining which part of the cycle is a period of biological sterility.

Undeniably this new method, provided the woman successfully ascertains the length and the degree of regularity of her particular menstrual cycle, has much in its favour, and there can be

no doubt that certain individual cases exist where it can be practised with success. On the other hand, there are a great many women whose menstrual periods, far from being regular, are positively erratic. Further, there is always a risk of the woman who may have been regular for many years, suddenly becoming irregular or erratic. A radical change of climate, of environmental conditions, anxiety, fear, or mental instability : all these factors affect the regularity and length of the menstrual cycle.

For these reasons the 'safe period' cannot be recommended in any circumstances where the avoidance of conception is an *imperative* need, in other words, where conception incurs danger to the life of the woman. It is valuable as a supplementary method where the male uses a condom or where the female uses a pessary, a plug or a sponge. It is also of considerable help in the case of a virgin who, for physiological reasons, cannot use a pessary or a plug.

Where, however, this method is adopted as a means of delaying childbirth or of spacing births, it is important to remember that after each parturition, *fresh calculations concerning the length and degree of regularity of the menstrual cycle will be necessary*.

From what has already been said it will be realized that the success of the method depends upon the correct determination of the period of ovulation in each menstrual cycle. Marshall, Knaus and Ogino have demonstrated that ovulation precedes menstruation by approximately fifteen days, *irrespective of the length of the cycle*. To find the time of ovulation it is necessary to

count *backwards* in the cycle, commencing with the day preceding the first day of the next menstruation, for fifteen days. This presupposes a knowledge of the exact time when the next menstruation will commence. Now this commencing date can only be determined with any pretensions to accuracy by means of a carefully kept record of the dates of the commencement of menstruation over an extended period—say nine to twelve months. This record must be kept by the woman herself. Its objects are to determine the length of and the degree of variation in the cycles. With this data it is possible to ascertain the time of ovulation, and the ‘safe periods.’ One or two examples will serve to show the method of determination.

Imagine the records show that the menstrual cycle is a regular one of twenty-eight days, and that the last menstruation commenced on July 1. With a twenty-eight-day cycle the commencing date of the next menstrual flow will be July 29. Counting backwards through the preceding cycle for fifteen days will give the day of ovulation as July 14. Now Ogino and Knaus have shown that the danger period as regards conception is not only this day of ovulation, but, in addition, owing to the possible life of spermatozoa deposited in the female genitalia before ovulation, and the continued viability of the egg after ovulation (see Chapter X), four days preceding and three days following the time of ovulation, giving a total of eight days. (While Professor Knaus considers the period of fertility covers the day of ovulation “plus three days before it and one day after it,”

Dr. Ogino thinks it well to consider the danger period slightly more extended, covering eight days in all, *i.e.* one day before and two days after the five-day period of fertility calculated by Professor Knaus). In the above case of a twenty-eight-day menstrual cycle, therefore, the 'danger period' will be from July 10 to 17 inclusive.

But let us consider an example of an irregular cycle, in which the intervals between successive menstruations vary from twenty-six days to thirty days, but according to the record, never range below the one or above the other. The 'danger period,' with a twenty-six-day cycle, assuming that the next expected day of menstruation will be July 27, will be from July 8 to 15; and with a thirty-day cycle, it will be from July 12 to 19. Obviously, with a degree of variation in the lengths of the cycles extending to four days, the only safe course is to allow a possible 'danger period' ranging from July 8 to 19.

In these examples, of course, the remaining days of the respective cycles are 'safe' days, on all of which intercourse may be practised with the reasonable expectation that pregnancy will not follow.

## VI

The only really satisfactory method of effecting permanent birth control is by sterilization: the procedure adopted in certain States, notably California; and in Denmark, Switzerland and Germany, as a method of preventing criminals and mental degenerates from producing offspring. Sterilization can only be satisfactorily effected by a surgical operation.

In itself, sterilization is not a new idea. In California it has been legal since 1909 and over five thousand operations have been performed. The Act restricts asexualization to asylum inmates who are afflicted with inherited and transmittible mental disease, on whom it may be performed "with or without the consent of the patient"; and to other mental defectives at the request of their relatives.

In the male the procedure is bilateral vasectomy; that is, the cutting and tying of the *vas deferens* (see Chapter II) near each testicle; an operation which prevents the spermatozoa reaching the seminal vesicles and urethra. The operation is a minor one. It can be accomplished in a few minutes under local anaesthesia. There is no risk to life involved, and after a few days in bed the patient is none the worse. Sexual appetite and capacity are not interfered with in any way.

In the female, the operative technique consists of the cutting and tying of the two Fallopian tubes. It is termed salpingectomy. As a result of this operation, the egg, on leaving the ovary, cannot proceed on its accustomed journey to the womb, nor can the male spermatozoon reach the egg. Salpingectomy is much more serious than vasectomy. It means an abdominal incision, with a couple of weeks' confinement in bed, and the usual extended period of convalescence which follows every major operation.

Vasectomy and salpingectomy are the methods advocated by eugenists for the prevention of hereditary defects and disease, both physical and mental.

No sane person can deny that at large in the world are numerous persons who are quite unfit to spawn the earth with their kind, or to have the rearing of the children they produce. Although eugenists grossly overrate the influences of heredity, certain diseases are hereditary, certain individuals are likely to produce children possessed of types of psychosis inimical to themselves and to society at large. Many such, in fact, most such, marry ; or, if they do not actually marry, propagate their kind with recklessness and indifference. In such instances the case for sterilization seems proved, the more so as the operation is often followed by an improvement or a cure in certain types of mental cases. Why then are these individuals not sterilized, and what is the reason for the popular feeling, despite the sexual emancipation of the day, against sterilization ?

I submit this reason is largely that the public does not understand what sterilization means. The average man still looks upon it as the old-time castration, with its destruction or impairment of the sexual function. He has not been disillusioned on this point. It has not been generally disclosed that modern sterilization does not interfere with either sexual appetite or power ; that it merely prevents fecundation. This applies to both vasectomy in man and salpingectomy in woman. Were these facts thoroughly realized I have a shrewd suspicion that the public passivity or objection would largely evaporate, and in certain cases would be replaced by something closely akin to enthusiasm.

Despite the apparent advantages to the State

of compulsory sterilization in the case of certain undesirable elements in society, many powerful arguments have been brought forward against it. Biologists and psychiatrists are by no means in agreement as to how far defective mentality in any form is hereditary. Indeed, there are indications that little that has to do with mentality or intelligence is hereditary at all (see Chapter VII). On the contrary, there is a singularly close relationship between certain forms of ill-health or decadence on the one hand and talent or genius on the other. There are, too, grave and obvious dangers inseparable from any form of State-controlled compulsory sterilization, particularly in relation to the decision as to which particular individuals are to be sterilized and who is to make so important and far-reaching a decision.

It is one thing to sterilize compulsorily the decadent and the imbecile : it is another to allow all and sundry to be sterilized at will. For imagine the result ! As it is the anti-birth controllers are raising their voices to heaven in one huge wailing chorus over the fell results to the nation of the declining birth-rate on the one hand, and the increase in sexual promiscuity on the other, through the incidence of the widespread practice of birth-control methods. If there is anything in their argument, the position, were sterilization in vogue, would be a thousand times worse. If there were available to all the one sure method of preventing conception, race suicide would be within distinct reach.

Even restricted to the feeble-minded, the criminal, and the diseased, its effects on the

birth-rate would be profound. It is a noteworthy fact that the very individuals who, say the eugenists, should be sterilized, are the most prolific. As the position stands to-day the people who, if the eugenists are to be believed, are best fitted to have children are for the most part childless. What with decreased fertility, birth control, and one thing and another, the cultured classes are rapidly reaching a state of complete sterility. Indeed, with the improvement in the efficacy of contraceptive appliances and technique it may well be that the salvation of the race will lie largely in the hands of those who are too ignorant or too foolish to adopt birth-control measures, to wit, the very individuals whom it is proposed to sterilize. It is well to face distasteful facts courageously. And this is a point which must receive grave consideration by those who propose to adopt any system of State or compulsory sterilization.

There is one other point which the eugenists persistently ignore, to wit, the fact that it is by no means proven that, granted their premises are true, it would be an unmixed blessing for the country to be populated solely by individuals of intellect and culture. Highbrows and professors are well enough in their way, but imagine a country of them ! Somebody is wanted to do the rough and distasteful work—the scavenging, the bricklaying, the ploughing.

Summed up, it seems evident that the question of sterilization is one for careful, prolonged and scientific consideration. It is not a matter where the arguments of cranks and propagandists should be given precedence. Its benefits may easily be

outweighed by the evils it lets loose. In any case, its control would need to be of so thorough a nature that its application would be restricted to such a comparatively small number of cases as largely to annul its sociological effects. This, in fact, is the position as regards sterilization in certain States to-day.

## VII

Before leaving the subject of interference with or prevention of childbirth it is necessary to deal with the question of abortion.

Abortion is the discharge from the womb of the embryo or the foetus at any time during the period of gestation before the twenty-eighth week. Later than this, but before the end of term, the emptying of the pregnant womb is termed premature birth.

Abortion may be accidental (spontaneous), self-induced or therapeutic. Self-induced abortion differs from the other forms in being a criminal offence.

There are many ways in which an accidental abortion, which is popularly termed a miscarriage, may be induced. In the early weeks of gestation in particular is an abortion likely to occur. In many cases the woman is quite unaware that any such happening has taken place. A month after the commencement of pregnancy the embryo weighs well under one ounce.

The most frequent causes are coitus practised to excess, or a severe shock to the system. Whenever a miscarriage occurs there are risks to the woman : risks of bleeding to such an extent as to

weaken her tremendously, and risk of inflammation of the womb and adjacent parts.

Women vary considerably in their liability to spontaneous abortion. Certain diseases are almost sure to induce it, in particular, syphilis, diabetes, Bright's disease and chorea. Pelvic trouble, infantile womb, *prolapsus uteri*, malposition of the womb and the presence of a fibroid tumour in that organ are all possible causes.

Therapeutic abortion is the emptying of the womb by a surgeon where the pregnancy, if it goes to term, will endanger the life of the mother. In these circumstances, and these only, is induced abortion held to be justifiable.

By far the majority of abortions, however, are what are termed criminal abortions, induced either by the mother herself or by a professional abortionist. Some are brought about by drugs or chemicals, others are caused by instrumental interference, and yet others by manipulation. Many such attempts fail and the pregnancy goes to term. Others cause the death of the mother.

In all cases of pregnancy, no attempt at interference of any kind should be made. Every woman should make careful note of this point. In the first place *any such attempt, whether or not it is successful, constitutes a criminal offence.* In the second place, *it involves grave risks to the health and often to the life of the mother.*

CHAPTER XII  
PREGNANCY AND ITS PROBLEMS

I

How am I to be sure whether or not I am actually pregnant? This is a question that, sooner or later, bothers nearly every married woman. It bothers her whether she is anxious to have a child, or is practising birth control and dreads the thought of becoming pregnant.

The symptoms of pregnancy in their order of appearance are :

- (a) Cessation of menstruation.
- (b) 'Morning sickness.'
- (c) Enlargement and pigmentation of the breasts.
- (d) 'Quickening.'
- (e) Enlargement of the abdomen.

In most pregnant women the first sign of conception having occurred is the 'missing' of a period. At the same time, this occurrence is not an infallible sign. Cessation of menstruation for a time may be due to some cause other than pregnancy.

Many women, during the first month or six weeks of gestation, suffer from attacks of nausea and vomiting on arising in the morning. This is termed 'morning sickness.' It may not, however,

be due to pregnancy at all. Nor need a pregnant woman ever experience such an attack.

Another sign which may indicate pregnancy is swelling of the breasts. Coincident with this swelling there usually appears a certain amount of pigmentation of the nipples, which pigmentation gradually extends and covers those parts of the breasts immediately adjacent. In some cases there is a slight exudate from the nipples.

In the fifth month of gestation the growing foetus begins to move slightly in the womb, giving rise to the phenomenon of 'quicken.'

From thence onwards the abdomen, as a result of the pressure exerted by the now rapidly growing foetus, begins to expand, producing the well-known protuberance characteristic of the woman in an advanced stage of pregnancy. It should be noted, however, that, in itself, abdominal expansion may prove deceptive. A tumour causes similar distension to that induced by pregnancy ; so, too, does gas in the stomach.

From cessation of menstruation, 'morning sickness,' breast-swelling and nipple pigmentation, in combination, it is possible to deduce pregnancy some seven or more weeks after conception has occurred, with a reasonable degree of certainty. For those women who are anxious to have conclusive evidence at an earlier stage, there is now available a test for pregnancy, which has proved successful and reliable in a large proportion of cases. This is the Aschheim-Zondek test, first discovered in 1928. It is a laboratory test. A little of the urine voided first thing in the morning by the woman who is suspected of being pregnant

is procured. On this being injected into female mice, it produces, if from a pregnant woman, in a matter of four days, certain changes, characteristic and definite, in the ovaries of the mice.

Cases of false pregnancy are by no means rare. A classic sixteenth-century example was that of the English Queen Mary, who imagined she was with child by Philip. Many symptoms of pregnancy were alleged to exist, including 'morning sickness' and a swollen abdomen.

## II

The period of gestation is a time of much anxiety for the mother. As I have already pointed out, sexual intercourse should be eschewed during, at any rate, the early and late weeks of this period. Not that this is always possible. The husband may be unwilling to be debarred from something which he looks upon as his due, while the wife may not care to run the risk of causing the husband to indulge in extra-marital intercourse. Moreover, in many cases where birth control has been practised and has failed, both husband and wife may look upon the period of pregnancy providing an opportunity for engaging in sexual intercourse without the bother, expense and retardatory influence of contraceptive technique. In the early weeks of gestation, in particular, when the only risk connected with the sex act is that of bringing on a miscarriage (accidental abortion), it is unlikely that they will desist for this reason.

A discharge of blood from the vagina is usually the initial sign of a miscarriage, and if such a discharge is noticed, intercourse should cease at

once. At the earliest possible opportunity medical attention should be secured.

The duration of gestation is approximately 280 days, or ten lunar months (nine calendar months), from the time of conception. Owing to the fact that no woman knows exactly when conception occurs, it is impossible to forecast exactly when childbirth may be expected. The most one can do is to reckon 280 days from the date of the commencement of the last menstrual discharge. For example, suppose this occurred on March 10, parturition may be expected around the 15th of December. This general and rough rule applies only in regard to normal births. There are many which are abnormal : it is no unusual thing for a foetus to be delivered at the end of eight months' gestation ; nor is it unusual for the birth to be delayed until ten months have elapsed since conception.

If the foetus is delivered after the twenty-eighth week of gestation but before term (premature birth), it has a reasonable chance of surviving. A child that is delivered before the end of the seventh month rarely lives.

### III

Nutrition is of great importance during the whole period of gestation. As the foetus develops it draws more and more upon the mother for its sustenance.

Although the study of nutrition in relation to its effects upon the growing foetus is still inconclusive and restricted, and although it is not known

whether or not specific foods have distinctive effects upon the embryo or the foetus, there can be little doubt as to the general effects on the child of malnutrition in the mother on the one hand, and of overfeeding on the other.

An excess of meat or its derivatives is particularly to be avoided. In fact it is well for a pregnant woman to avoid meat altogether. Dairy produce, eggs, fish and fresh vegetables should form the staple food. Alcohol should be avoided.

These nutritional factors bear no relation to the common belief in the effect upon the unborn child of mental or physical impressions to which the mother may be subjected. Thus the popular idea that if a pregnant woman burns or otherwise injures herself, the child when born will bear the mark of a similar injury, is a fallacy. So, too, is the notion, equally popular, that by the mother devoting herself assiduously to music or art, the child will be born with an inherent talent in this direction.

The antiquity of the belief is evidenced in the contention of Empedocles, who lived in the days before the coming of Christianity, that by continually gazing at and admiring statues of beautiful men and women, mothers gave birth to children of similar form and beauty. Even Hippocrates, the father of medicine, firmly believed in the influence of the mother's imagination upon the conformation of the foetus. Indeed, practically every physician of ancient Greece and Rome accepted and promulgated the hypothesis—thus Aristotle, Soranus and Pliny : all authorities whose views have had great influence upon modern

thought. Three hundred years ago the famous Paré was preaching the same gospel.

Another fallacious notion concerning gestation is the telegenic theory, promulgated by such notabilities in the scientific world as Darwin, Spencer, Romanes and Millais. Basically this is the idea that a first pregnancy has some permanent effect upon the female reproductive system. Thus it is held that in the case of a widow who remarries, any child born to her may bear a strong resemblance to, and inherit the defects or good qualities of, her first husband. The theory has attained much popularity through its acceptance by many breeders of pedigree stock. It survives to this day in pseudo-scientific circles. More recent researches, and in particular breeding experiments conducted under strict supervision, have failed to substantiate the hypothesis.

#### IV

In primitive and savage tribes childbirth is an everyday occurrence of so little moment that the pregnant woman rarely allows it to interfere with her daily routine. This does not mean that the aboriginal female does not suffer considerable pain and run a good deal of risk on such an occasion. Primitive man and, in particular, primitive woman, are accustomed to pain and suffering to an extent undreamt of by the human products of twentieth-century civilization. The crude obstetrical methods employed by the medicine men of the savages would come as a staggering shock to modern woman. Assistance during labour consisted mainly

of abdominal pressure in efforts to force the infant out of the womb. This pressure took many forms. The midwife (usually an old woman of the tribe) might manipulate the abdomen, sit upon it, or even, on occasion, after compelling the patient to assume a supine position on the floor, stand or dance upon the protruding part.

The umbilical cord is severed by biting it in two, or cutting it with a rough stone or other implement, afterwards searing the cut surfaces with a hot iron or a piece of burning wood.

Civilization has altered all this. Parturition has become increasingly dangerous, and in recent years it has reached such a pitch of elaborateness and involved so much preparatory technique that every parturition, in seriousness and the need for skilled medical attention, is very nearly equal to a major operation. Despite this skilled attention there are many deaths, and numerous cases where the injuries caused by childbirth permanently affect the health of the mother. As a result of all this, the average twentieth-century woman looks upon the ordeal of childbirth with fear.

Parturition is marked by various definite stages. In the first of these stages the woman experiences recurring excruciating pains which continue all the time the child, by contractions of the womb, is being driven head-first through the cervical canal. With the emergence and bursting of the 'bag of waters,' the foetus is enabled to enter the vagina, with ultimate delivery occurring in the course of a few hours. Following the expulsion of the child, the after-birth is expelled in turn. This completes the final stage of labour.

To avoid the pain associated with childbirth many well-to-do women are tempted to have recourse to a form of partial anaesthesia known as 'twilight sleep.' By means of injections of scopolamine and morphine the woman is kept in a continual state of hypnosis. No anaesthesia in the sense of complete unconsciousness, as in many major operations, is involved. But after the whole ordeal is over, there is no remembrance of what happened or of any pain having been experienced.

'Twilight sleep' is not without its dangers. It is inevitably accompanied by a certain amount of risk for both mother and child. Labour is prolonged. There is a danger of the child being suffocated.

All things considered, it would appear advisable to suffer the pains of parturition rather than risk the possible evils of 'twilight sleep.'

## V

Apart from all risks to life connected with normal childbirth, there are plenty of occasions where these risks are intensified and extended through abnormal circumstances.

Perhaps the most serious result of these complications is where the Cæsarean operation is necessary. For here there is grave risk to the life of the mother. Cæsarean birth involves a major operation. After an abdominal incision, the womb is opened, and the foetus removed.

Difficulties in parturition are almost always caused by twins or other multiple births.

Twins are of two kinds : those produced by

one egg, termed monozygotic ; and those which result from the fertilization of two separate eggs, termed dizygotic. In the former type, both foetuses are of the same sex, and resemble each other physically to the most minute detail. Dizygotic twins are not always alike in appearance even when of the same sex : occasionally one is male and the other female. Contrary to popular opinion, in neither type are both specimens necessarily alike in *mental* qualities.

All pregnancies which result in twins may be looked upon as in some respects abnormal. In some cases, the twins are so abnormal as to rank as 'monsters.' These are usually still-born, or die soon after delivery, but occasionally such 'freaks' survive, and become attractions at circuses and shows : e.g. the celebrated 'Siamese twins' and the 'Hungarian Sisters.'

While one school of biological opinion holds the view that twins and 'monsters' are due to the influence of environmental factors (physiological or chemical) acting upon the embryo ; another equally authoritative school is convinced that the causative factor is some influence which affects the ovum before impregnation, or the spermatozoon while in the male testicle. In ectopic pregnancies (particularly tubal) 'monsters,' twins and other malformed foetuses are common, which suggests either that the abnormal situation of the foetus is the cause of the malformation, or, conversely, that the malformation is the cause of the abnormal situation in which embedding of the fertilized ovum occurs. Such evidence as is available points to both schools being correct in their

opinions to the extent that while certain abnormal foetuses are the result of environmental causative factors, others are solely due to disturbances in the germ-plasm, and are therefore strongly hereditary. There is a tendency for the mother of twins to give birth, in any subsequent pregnancies, to further twins. Additionally, and the point is one of much significance, female twins in turn usually give birth to twins, while male twins often prove to be the fathers of twins. Triplets, quadruplets, *et al.*, and all viable forms of 'monsters' show similar tendencies. These facts suggest the desirability in all such cases of the practice of birth control.

## CHAPTER XIII

### SEXUAL DEFICIENCIES AND EXCESSES : THEIR EFFECTS UPON MARITAL HAPPINESS

#### I

ONE of the most fruitful causes of dissatisfaction in married life is the male infirmity known as premature ejaculation (*ejaculatio præcox*). It is as embarrassing as it is disappointing. There are varying degrees of the affection, but in serious cases ejaculation occurs the moment the male organ comes into contact with the female genitalia and before any penetration has been effected, with the result that the coital act is over and done with in a matter of seconds, to the distress of the husband and, in many cases, to the disappointment of the wife.

Premature ejaculation may be looked upon as an initial or a partial state of impotence, and there is always a risk of it degenerating into *complete* impotence. To effect an improvement, the first step must be the complete cessation of all attempts at sexual intercourse. Repeated attempts, with the same distressing consequences, only make matters worse—much worse. Any atom of confidence that is retained speedily vanishes under the weakening effect upon the will of repeated failures.

After an extended rest from *all sexual excitation*,

as well as from intercourse itself, a fresh attempt should be made. On this occasion every effort should be made to slow up the sexual libido and to retard ejaculation. The consumption of any non-intoxicating beverage may prove useful in this connection. It should be drunk in sufficient quantity to induce profuse urination, which will have a retardatory effect on ejaculation. An alternative method is to wear a condom. In pronounced cases circumcision might prove effective.

If self-induced attempts to restore confidence or to slow down sexual libido prove ineffective, a pathological cause may be suspected, in which case it is advisable to consult a physician specializing in genito-urinary diseases.

The effect of premature ejaculation upon the female must not be, though it usually is, overlooked. It is one of the major causes of frigidity in the married woman.

## II

Impotence is one of the most dreaded of all sexual troubles affecting the male. It may be partial or complete; temporary or permanent. Whatever its form, it is embarrassing and annoying.

The worst feature of impotence is that, as a rule, the more one attempts to overcome it, the more marked it becomes. It is both progressive and cumulative. For these reasons, partial impotence is extremely likely to develop into complete impotence; temporary impotence speedily becomes permanent. This is mainly due to the fact that everyone afflicted with the trouble

begins to *worry* about it. *The procedure is fatal.* For worry, in itself, may induce temporary impotence.

The causes of impotence are numerous, due to the fact that various forms of the affliction have different causes.

Permanent impotence may be the result of some physiological or pathological condition, or it may be due to old age. Any malformation or deformity of the penis will probably be sufficient. Diabetes, tertiary syphilis, and certain complications of gonorrhœa, will induce the condition.

Temporary impotence, particularly in its psychologically induced aspect, is much more common than any other form of the affliction. In fact it may be stated without exaggeration that there are few men who at one time or another have not suffered from temporary impotence. Generally speaking, the more æsthetic and intellectual the man, the more seriously is he afflicted. Bright's disease, arterio-sclerosis, pernicious anaemia, nephritis, mumps, meningitis, stricture, prostatitis, are also causes of temporary impotence.

Considering the purely psychological form, we are faced with the fact that usually the trouble starts during the honeymoon period. So frequent, indeed, is impotence at such a time that this particular brand has been characteristically christened 'honeymoon impotence.' It is perhaps the most distressing and embarrassing of all forms. In most cases the sole cause is anxiety concerning one's ability to perform the sex act properly. Much the same thing happens with men on the occasions of their first sex acts with

prostitutes. In this case, it may be due to the fear of contracting venereal disease : a fear which suddenly strikes one when about to engage in intercourse. Again the use of a condom for birth-control purposes in the married state, or as a venereal prophylactic when engaged in extra-marital intercourse, will often destroy or prevent an erection.

Some of these factors, it will be apparent, apply at any time in the sex life of the male, apart from the honeymoon period. There are other causes too. Anxiety or worry in connection with business or other affairs is a potent cause of temporary impotence. To frigidity on the part of one's wife, the origin of many other cases can be traced.

Men whose professional work calls for concentrated mental effort, *i.e.* authors, scientists, mathematicians, *et al.*, are peculiarly likely to suffer from temporary impotence. This is well illustrated by Rousseau, who, in reference to an occasion on which he found that he could not proceed with the sex act, quotes the sarcastic remark of the prostitute with whom he was cohabiting : " Give up women and study mathematics."

A frequent cause of impotence is satiety. It is for this reason that a man who is impotent with his wife may find himself quite the reverse with another woman, especially a complete stranger. This is the cause of the majority of cases of adultery. The continuous repetition of coitus between husband and wife, in exactly similar circumstances, is bound to have anaphrodisiacal effects. It is for this reason that every effort should be made

by the female to retain and if possible extend her attractiveness in the eyes of her husband, and by the male to retain the sexually stimulative effects of intercourse by every possible means in his power —to this end variations in the technique of the sex act may have their advantages.

Also the vagina becomes inelastic with age, thus providing cumulatively decreasing stimulation for a husband whose own sexual power is on a progressively declining grade.

The worst feature of temporary impotence is the risk that it will develop into a permanent form of the same affliction. Every attempt which results in failure tends more and more to destroy or undermine confidence.

The treatment of all forms of psychological impotence consists of the restoration of this lost confidence. The first step to this end is the giving up of coitus altogether for a time. Aphrodisiacs (see Chapter XIX) have their value in promoting the restoration of confidence, provided no injurious drugs or chemicals are used. In the case of a married man, his wife should give all the help within her power when the time comes to make another attempt to carry out his marital duty.

### III

Impotence is nearly always associated with the male, rarely with the female. Owing to the relatively passive nature of the woman's part in coitus, psychological impotence is only possible when a condition of vaginismus exists. Frigidity

is not impotence, for it does not prevent sexual intercourse.

There are rare cases and few causes of physiological impotence. Infantilism is one such cause. Lack of any vaginal opening, the presence of a hymeneal membrane of such thickness that penetration is impossible, and clitoridal hypertrophy, are other causes.

In Europe, in the Middle Ages, and in many savage and primitive races, a condition simulating a form of physiological impotence was induced by means of a chastity belt, or of stitching together the lips of the vulva.

Many abnormal or diseased conditions of the vagina prevent sexual intercourse being attempted, or if attempted, persevered with, except forcibly as in rape and other sexual crimes. Any stoppage of the vaginal passage, whether through the presence of a new-growth, adhesions or chronic inflammation, is sufficient. Even if the passage is not actually occluded, the pain induced by attempted coitus will be enough to render the act impracticable. *Prolapsus uteri* ('falling of the womb') is a frequent hindrance to or preventive of intercourse.

While *anæsthesia sexualis* is a decreasingly potent factor in woman's life, there are, on the other hand, signs and indications that vaginismus is increasing. There is really nothing to be surprised at in this. The condition known as vaginismus is a highly emotional one. It has never been in any way common among the lower and more unsophisticated classes of the community : it has always been found in the more emotional

and neurotic aristocratic, leisured and intellectual sections of female society, particularly among those afflicted with hysteria and hypochondria. In the last few decades, the sexual emancipation of woman has been a notable phenomenon (see Chapters XVI and XVII). With it has evolved a higher social and educational standard, coincident with the emergence from the lower classes of vast numbers of sophisticated young women. This has meant that the number of neurotic and highly emotional females has increased by leaps and bounds ; with the result that there has been observable a coincident and corresponding increase in the incidence of vaginismus.

The affliction consists of experiencing acute pain either with the attempt to participate in, or during the performance of, the sex act. The pain is due to the contraction of the muscles situated at the entrance to the vagina. It is spasmodic, and usually occurs before an actual intromission of the male organ has been effected. Sometimes, however, the spasm occurs *after* the entrance of the penis into the vagina, with not only painful but embarrassing, and, on occasion, dangerous consequences.

If the *levator ani* muscle contracts sufficiently *after* penile intromission, the organ will be imprisoned in the vagina, inducing venous congestion in the glans. In any such circumstances, no attempt whatever should be made to withdraw the male member by sheer force. This would entail, for the male, the risk of fatal results. If the spasm does not pass in a few minutes, followed by the automatic release of the penis,

the services of a medical man should be secured with the least possible delay.

#### IV

Deficiency in sexual power may be distressing and embarrassing, but excessive sexuality is even more prolific in its evil results, and may well prove tragic in its consequences so far as marriage is concerned. This condition, in the male, is termed satyriasis : in the female, nymphomania. The one is as full of potential danger as is the other.

In an ideal state of affairs the satyr should marry a nymphomaniac. This would not prevent every possibility of evil results, or ensure a happy marriage, but it would be the best available solution of the problems raised by these abnormal conditions in man or wife. In practice this rarely occurs. Actually, if they cannot marry one another, neither the satyr nor the nymphomaniac should marry at all. Unfortunately, however, they almost always do marry. And herein is the pity of it. For it is a sure and certain thing that a marriage between a satyr or a nymphomaniac, and an individual of normal sexuality, will be unhappy to the point of tragedy.

The woman who is unfortunate enough to secure a partner afflicted with satyriasis finds herself in an extremely difficult position. Even if she obtains satisfaction from normal intercourse, the demands of her husband will almost surely induce antipathy or disgust. It is most likely she will develop *anesthesia sexualis* at an early

stage in her married life. In any case, it is improbable that her husband will be satisfied without having recourse to extra-marital amours.

Ultimately, the victim of satyriasis becomes his own worst enemy. Inevitably, with advancing age, sexual power fails to keep pace with sexual appetite. Inevitably, too, as a result of excessive venery, the genital organs begin to feel the strain —often there is premature impotence.

The analogous condition in women, that of nymphomania, has equally tragic potentialities. The husband of a nymphomaniac is possibly in a worse position than is the wife of a satyr. For this reason. While the female can, if she overcomes her disgust for her partner, satisfy his demands easily and without any injury to her own health, it is quite impossible for any man, however sexually virile he may be, to satisfy the demands of a nymphomaniac. Such a female could exhaust the sexual capacity of half a dozen husbands. The result is that, without any exception, the nymphomaniac must have recourse to extra-marital sexual activity.

In the event of a nymphomaniac getting married comparatively late in life to a man of the same age or older than herself, the position is even worse potentially. For whatever may be the trials and tribulations of a young man who is married to a nymphomaniac, they are as nothing compared with those which beset an older man in similar circumstances, and especially one whose sexual power is already beginning to wane.

It is useless to blame the nymphomaniac for her condition. She is a victim rather than a

culprit. Her condition is the result of the abnormal functioning of her sexual glands, often coupled with some form of mental instability.

Some women of ordinary sexuality develop a relatively mild form of nymphomania after their 'change of life.' Especially is this likely to happen where fear of pregnancy, or the bother necessitated by the use of contraceptives, has acted as a form of repression. The knowledge that sexual activity can be indulged in without any risk or bother acts as a spur. In such circumstances, the woman, who is probably unaware of the sexual limitations of her husband at this period of his life, is disappointed when she finds that her wishes cannot be satisfied.

## CHAPTER XIV

### THE CONTROL OF SEXUAL APPETITE

#### I

EVERY civilized man should be able to control his sexual passion, just as he should be able to control other urges and appetites. It is in this factor of control that lies the difference between love and lust, that the sexuality of man differs from that of the animal.

By sexual control is not necessarily meant abstinence from every form of sexual expression.

As a result of the anæsthetizing influence of the Christian philosophy, originally formulated and popularized by the ascetic Saint Paul, and two thousand years of taboo imposed upon the dissemination of sexual knowledge and expression, pre-marital abstinence has become the *ideal* life for men and women both, and until recently an asexual existence was proclaimed to be the only form of married life justifiable where children were not needed to bless the union. Mainly owing to the pioneer efforts of such sane, enlightened and realistic thinkers as Havelock Ellis, Ryley Scott, Wilhelm Stekel, *et al.*, in the past few decades the intelligentsia has rebelled against such a manifestly ridiculous concept of the sex life of the individual, realizing that the activities of the sex glands

cannot accommodate themselves to the philosophic and moralistic concepts of the ascetics.

The activities of these sexual glands, if not developed or stimulated in any way, will cause the individual no disturbance. Absence of sexual intercourse, or of self-relief, will be met by the spontaneous emissions of seminal fluid during the night. Thus single men who lead any form of life in which they do not subject themselves to erotic stimulation will have no desire for any overt form of sexual expression. Many married men, in the later decades of their life, are in much the same position. The sex act has, for them, lost its novelty and its thrill. They are married to women who have themselves lost all appetite for erotic stimulation or expression, and largely because of this, they cease to arouse any sexual libido in their husbands.

Such instances, as I say, are numerous. But there are lots of other cases where the exact opposite applies. One cannot exactly describe either the one or the other as normal or abnormal. Sexuality, in so many cases, depends upon a totality of social, environmental and economic factors. No man or woman possessing ordinary sex organs and glands can be classified or labelled with any exactitude in regard to his sexual libido. There is always the possibility of this libido being aroused by circumstances which may be concerned with the presentation of opportunities on the one hand and the removal or decay of repressive agencies on the other.

Sexual abstinence, in all cases where there is no desire for eroticism, is NON-INJURIOUS. This

does not necessarily mean that it is beneficial except insofar as, in the single man or woman, it prevents recourse to temptations which may have evil consequences, and in the married man or woman it prevents marital discord and unhappiness. From a physiological point of view there is no benefit.

Where abstinence has harmful consequences is in all circumstances where sexual desire has been awakened and no adequate opportunity is provided for its relief. In a single man these circumstances arise when he places himself regularly in the company of attractive girls, and particularly if he is engaged to a girl with whom he indulges in 'petting' and other forms of love-play which stop short at actual intercourse. He may attend dances, frequent night clubs, or read erotic literature. In all such cases sexual desire is continually being aroused, and if there is no form of relief beyond nocturnal emissions, the result is that the genitalia are in a continuous state of congestion, which may have cumulatively bad effects on his health. An indication of such a state of congestion is a dull, aching sensation in the testicles.

The married man who is sexually stimulated by his wife, and yet, for any one of many reasons, cannot have intercourse with her, is in an even worse position. He cannot very well avoid this stimulation. The fact that the woman he has married is sexually anaesthetic, or refuses to practise coitus, does not necessarily mean that she does not arouse sexual passion in her husband. She very often does. And herein lies the tragedy of

such a union. Deprived of intercourse with the woman he has married and who stirs him to intense sexual activity, he is compelled to have recourse to extra-marital intercourse either by consorting with professional women or finding a mistress.

## II

The evils of complete sex repression and frustration are many and dangerous. Psycho-analysis, if it has done nothing else, has proved this most conclusively. Complete sex repression implies not alone abstinence from sexual intercourse, but attempts to drive the sex urge into subversive channels. In other words, sex repression implies and includes the evils attending abstinence in circumstances where these evils are bound to be of the most dangerous character. For it implies the existence of sexual desire, the consciousness of this desire, and its continued arousing and development, accompanied by strenuous efforts not only to overcome it but to divert it. This is a most dangerous procedure.

The frustration of existent sexual feeling is something quite different from the *avoidance of arousing sexual desire or of stimulating sexual appetite*. The student of history has examples of the evil effects of such frustration. Sometimes these effects were upon the person practising the frustration, as in many cases of saints and others whose fanaticism led to the submission of their own bodies to torture and injury ; in other instances the evils were committed upon those who fell into their power, as in many cases of sadism

(see my work, *The Whip and the Rod*) ; in yet others, sex frustration was the indirect cause of war, abuse of power, and other evils upon a wholesale scale.

The correct prophylactic treatment is not, therefore, the repression or frustration of sexual libido after it has been evolved, developed and stimulated, but the prevention of any such evolution, development or stimulation beyond what ranks as the normal degree of sexuality of the average male or female. It is immaterial whether any stimulation, of the nature here referred to, is unconscious or deliberate : the practical effects are substantially the same in both instances.

## CHAPTER XV

### SELF-ABUSE : ITS EFFECTS AND DANGERS

#### I

FOR something like two hundred years masturbation has been looked upon as a vice of so awful a nature that it must be referred to, if at all, in hushed accents and in euphemized terminology. Recently, the pendulum has swung the other way. The tendency nowadays is to regard it as a matter of little moment, productive of no evil results whatever. Both these views are erroneous. Both are stupid. Both approach the problem of self-abuse from the wrong angle.

The eighteenth and nineteenth centuries saw the publication of a number of books and pamphlets on sexual matters, many of which were mainly or wholly concerned with self-abuse and its dangers. These publications were evidently intended to prevent masturbation by the instillation of fear concerning its consequences. They were certainly terrifying documents. The catalogue of maladies and infirmities alleged to be caused directly or indirectly by the practice of the vice was long and comprehensive. The masturbator, according to these books and pamphlets, was a decadent and a degenerate, doomed to suffer in middle-age or old-age a lingering death. Well

might the youth who had the ill-luck to dip into any of these volumes decide that his best course was to end everything there and then by committing suicide.

Some of these works were by medical writers, others were by laymen : all preached the same fundamental gospel, all catalogued similar evils as the inevitable results of the vice. Voltaire, while at the height of his fame and power, reiterated the grisly crop which the practitioner of self-abuse could expect to reap. And so the tale went on. Practically every book and pamphlet purporting to give sexual advice to adolescents told the same depressing story.

Towards the close of the last century a new school of writers on sexology arose. What had been considered a subject to shirk or to attack with cudgels became a matter for scientific and humanistic treatment. Writers who approached the problem of self-abuse in a detached and intelligent manner, pointed out that if the opinions of Voltaire and of a host of others were true, fully fifty per cent. of the adult males in the country ought to be in lunatic asylums or hospitals. As the years passed and additional research threw fresh light on the subject, many writers expressed the view that not only were the dangerous effects of masturbation enormously exaggerated, but that it was doubtful if the vice produced any evil results other than those caused by anxiety or worry induced through reading such books as Voltaire's treatise, or listening to the gruesome prophecies of those who believed that fear was the best prophylactic treatment available.

Having presented these extreme opposing views on the matter, both of which, it may be stated here, have their adherents to-day, let us examine the problem in the light of the latest knowledge, and see if we can reach something approximating to the truth.

In the male, masturbation, onanism, self-relief, self-pollution or self-abuse (which are the various names under which the practice flourishes) consists of the manipulation of the sexual member until an ejaculation occurs. It is, therefore, a substitute for coitus. In its psychological aspects it cannot fully take the place of the sex act ; but as regards its physiological effects it ranks as an equivalent.

Now here we arrive at a point of real importance. The practice of self-abuse within definitely prescribed limitations, is no more and no less injurious than is the practice of coitus within these same definitely prescribed limits. Observe the point carefully. It indicates the *danger* in relation to the practice of masturbation. Coitus is injurious only when practised excessively, which, owing to many factors which act as brakes on sexual indulgence, is comparatively rare. But masturbation, once it becomes a habit, is *nearly always practised to excess—AND THIS IS THE EVIL OF MASTURBATION*. The factors that, in relation to the complete sex act, prevent excess in the vast majority of cases, do not exist or are ineffective in relation to masturbation.

The injurious effects of the vice are partly physiological and partly psychological. There may be, through repeated attempts to bring about

ejaculation after all available supplies of seminal fluid are exhausted, congestion in the genital passages. There may be, in certain cases where the mucous membrane is particularly sensitive, a certain amount of abrasion. There may be a slight discharge of blood from the urethral orifice. All these are signs of *excessive* masturbation.

Long-standing self-abuse may be a cause of impotence, especially in the case of marriage to a woman whose sexual reactions are almost anæsthetic, or who has a wide or flabby vagina through much childbearing or pathological conditions.

Psychological injuries are more in the nature of neurasthenia, hypochondria and chronic general depression induced through worry over the possible effects of the vice. In most of these cases self-abuse has been practised by the youth for some considerable time before his attention is drawn to its alleged evil consequences. He feels, therefore, that the evil is already accomplished, that even if he gives up the vice now, he is ruined for life, with the possibility of ending up in a lunatic asylum or as an incurable invalid. *It is in such cases that alarmist literature does untold harm.* In attempts to frighten the youth into the path of rectitude authors of books of this type overdo the whole thing, convincing him that he is ruined for life.

In females the result of self-abuse is more physiological than psychological. The woman, unlike the male, almost always has recourse to some implement or apparatus for the purpose of titillating the vaginal and urethral passages. This practice is invariably dangerous. It is particularly

dangerous where insertion into the urethra is the method adopted. In many cases the implement, especially if it is a small one, vanishes into the bladder before the user is aware of it. Genito-urinary surgeons, in the course of operative practice, are accustomed to finding in the bladder hair-pins, crochet-hooks, bodkins and other implements which can only have found an entrance as a result of masturbation.

## II

There are many causes of self-abuse. Some of these causes are accidental. In other cases, the vice is acquired from older and more sophisticated companions, or from tutors, governesses, nurses, *et al.*

The accidental causes are concerned with irritation of the private parts. This may easily be induced by such simple means as the wearing of too tight trousers ; climbing poles and other gymnastic exercises ; cycling ; horseback riding ; personal contact with attractive members of the opposite sex, as in dancing ; and, in girls, the working of a sewing-machine. Many pathological conditions are conducive, in consequence of the irritation they cause, to the acquirement of the habit : thus urethritis, posthitis, balanitis, haemorrhoids, scabies, *pediculosis pubis*, stone in the bladder, worms, eczema, and even constipation. In boys, the collection of smegma under the prepuce of the uncircumcised, as a result of neglected personal hygiene, is a very frequent predisposing cause.

The incidence of the vice has been the subject

of much argument. There is little point in mentioning the various estimates concerning its frequency published by many leading sexologists, since none can be regarded as authoritative. It is impossible, either by questionnaires or in any other way, to arrive at the truth concerning the sexual habits of civilized men and women. It is, however, certain that the vast majority of males, at one time or another, practise the vice in adolescence. Whether they continue it after marriage is another matter, and one upon which it is impossible to secure reliable information.

In the female sex, self-abuse is far commoner than is generally supposed, and it is certain that the habit has greatly increased in frequency in recent years, as a result of the sexual emancipation of woman, and the correspondingly delayed age and incidence of marriage. Also it is a fact that the female in adult life is much more prone to practise masturbation than is the male in similar circumstances. Women, both single and married, who have had their libido aroused, and are unable, through one circumstance or another, to secure sexual relief in the orthodox way, are more and more turning to the practice of self-abuse.

### III

The causes of masturbation, as detailed above, suggest the best means of prevention.

In this respect the parents of every child have an obvious duty to perform. Children are by no means all alike in temperament. Certain youngsters suffer from extreme shyness ; they are

sensitive to an extraordinary degree. I have known many instances where youngsters have suffered physical and psychical discomfort rather than approach, with their problems, those in authority. I have known cases where boys, as a result of ignorance respecting the more elementary matters concerning sex and sexual hygiene, have suffered much agony of mind ; all of which could have been avoided if they had mustered up the courage to put to their parents or teachers a few direct and simple questions. For instance, when nocturnal emissions first appear, many youths are alarmed, and, fearing to mention the matter to anyone, suffer mental anguish. It is idle to deny the existence of such cases—in my own experience I have come across more than one instance. Analogous troubles arise in regard to the female sex—there are thousands of girls who view the first signs of menstruation with alarm and horror.

It is no exaggeration to say that every adolescent has his or her sexual problems. Some youngsters are far more affected by these problems than are others. In the majority of cases, sexual information, much of it mischievously erroneous and often potentially harmful, is acquired from friends or acquaintances, usually either older in years or more sophisticated in outlook. But there are always those of more sensitive, self-repressive, emotional and retiring natures who do not gather any information concerning sexual matters from outside sources. For this reason, it is by way of being a truism that the more sensitive and retiring in disposition is the adolescent, the more perplexing and troublesome will appear those sexual problems

with which, sooner or later, he or she will inevitably be beset. *It is important that parents should realize this, and take steps to give to their offspring the necessary fundamental facts of life—in this way much unnecessary mental suffering and many difficulties can be avoided.*

Attempts to prevent, to control or to eliminate the vice must be mainly concerned with prophylactic measures. Care should be taken that the boy's trousers are roomy in the region of the crotch. At night the fashionable pyjamas should be eschewed—the old-fashioned night-shirt is infinitely preferable. The importance of emptying the bladder immediately before retiring must be stressed. *Early rising is a habit the boy should be encouraged to adopt*; in fact in no circumstances except illness should either boy or girl be allowed to lie in bed. There must be no reading in bed or breakfasting in bed.

It is advisable to pay particular attention to the youngster's companions. Neither boys nor girls should be allowed to make friends with those older or more sophisticated than themselves.

It is not advisable to mention the vice unless there are strong grounds for the suspicion that it has already been acquired. If any such suspicion exists a warning concerning the dangers inseparable from its continuance, and the need for its abandonment is advisable. There must be no threats, no attempts to frighten with grim accounts of inevitable disaster ahead.

Attempts to 'cure' the vice by measures of restraint such as tying the hands together, placing the genitals in a wire cage, sewing up the breeches pockets, threatening to amputate the penis, are

worse than useless. They are psychologically harmful. Punishment by flogging is similarly harmful. It does not prevent the practice, but it does induce a feeling of resentment. And it drives the youngster to be secret in his methods.

The best combined preventive and curative measure is that of sublimation. The old aphorism that "Satan finds mischief for idle hands to do" is as true to-day as ever it was. Many of the most habitual masturbators have nothing to do in their spare time. Every boy and girl should be encouraged to have a hobby of some kind. It provides relief and distraction.

#### IV

In concluding this chapter I would draw the attention of parents to the dangers connected with erotic literature, and films which depend for their attraction on what is popularly termed 'sex appeal.' Here the parent has a duty which should in no circumstances be neglected, to wit, the strict supervision of the youngster's mental recreation.

Than reading there is for the finding no better form of sublimation. It should be encouraged. But it is not enough for a parent to be satisfied when a youngster is found to be reading a book or a magazine. For reading is a two-edged weapon. There is 'unhealthy' as well as 'healthy' literature. At present the bookshops and libraries present a goodly selection of the 'unhealthy' type. There are novels in plenty which do undoubtedly arouse erotic thoughts and stimulate sexual excitation. These novels, in the hands of adolescents

of both sexes, are particularly dangerous. Rather than read literature of this type, better, far better, not read at all.

Now in this matter of parental supervision there must be nothing crude, in the sense of prohibiting the reading of certain types of literature by threats or destructive action. For instance, I knew a case where a father, on discovering his boy reading a 'blood and thunder' novelette, in a fit of rage, seized the lurid-covered publication and pitched it into the fire, stirring the pages with a poker, to the accompaniment of threats that a like fate would befall any other similar magazines that the lad brought home. Obviously this was a wrong approach ; in fact it was the worst possible approach. It is true that the father had no additional books or magazines to throw on the fire, but this was merely because the boy took good care never again to be seen reading them—his future literary excursions were pursued in the privacy of his bedroom, in an outhouse, or, during favourable weather, in the open.

*When once a habit has been formed, or a vice acquired, its prohibition or 'cure' presents almost insuperable difficulties.* This fact, which is undeniable, should be noted by every parent or guardian, and its lesson taken to heart. The PREVENTION of the habit ever being formed, or of the vice being acquired, should always represent the parent's objective.

The father should not wait until the boy has chosen literature for himself, but, on the contrary, should take care to be first in the field, purchasing and presenting to his son a selection of suitable

books and periodicals. There is no need whatever to err on the wrong side by selecting Sunday-school, 'goody-goody,' and old-fashioned stories likely to repel the youngster—this is the wrong method altogether. There are in the bookshops plenty of healthy adventure books, romances, etc. If the father is not sufficiently conversant with this type of literature, any reputable bookseller, on the position being explained, will gladly help and advise in the choice of suitable volumes. In a precisely similar way, the mother should supervise the selection of suitable reading matter for her daughter.

It may be pointed out that in regard to literature, a taste for a certain type of fiction, once acquired, is likely to remain and to be developed all through the years of adolescence, and will probably have its repercussions in adult life. The average individual's literary taste, such as it is, runs in rigidly defined grooves, a fact known to publishers, magazine editors, proprietors of circulating libraries, etc.

As regards films the matter is rather more complicated, as persons of all ages and classes exercise little discretion in their choice. Even here, however, parents can do much by taking their sons and daughters to carefully selected films, and thus developing a taste for certain types.

## CHAPTER XVI

### DANGERS CONNECTED WITH PRE-MARITAL AND EXTRA-MARITAL SEXUAL EXPRESSIONS

#### I

THE evolution of what is termed the 'double standard of morality' was mainly due to the belief that sexual intercourse necessarily implied propagation. It was felt and argued with much justification that the female of the species, in her sexual life, was on a quite different plane from the male. The female's destiny was to bear children. Her indulgence in sexual intercourse was extremely likely to result in her giving birth to a brood of youngsters.

The married man was responsible for the actions of his wife, as well as for the provision of the home, and the rearing of the progeny. Naturally, he did not wish to be saddled with the added responsibility of rearing children of which he was not the father. Hence, by virtue of these responsibilities, arose the husband's property right in his wife.

Coincident with the development of this property right arose the value of virginity to the unmarried woman. Virginity *per se*, and unassociated with the concept of property, has no value. This is proved by the fact that in many savage and

primitive races the loss of virginity is an asset rather than a disgrace.

Love, at any rate in its higher evolutionary concept, being strongly possessive, civilized man liked to know that the female he married was untouched by any other male. Women, because of this, valued their virginity beyond everything else. It became a priceless asset. In effect, it was this virginity they sold in marriage.

Because of her passivity, whether real or simulated, woman was thought to have no need for any form of sexual expression before marriage or outside marriage. Her sexual role in the marital state was conceded to be one of granting favours and accepting them strictly in accordance with the whims of her husband. Outside marriage she was not conceded to have any sexual role at all.

The male of the species was on another footing entirely. His role in the scheme of procreation was a very different one from that of woman. Because there were no advertised or obvious results of his sexual peccadilloes, they were held to be justifiable. More, they were considered to be necessary, since it was practically universally recognized and admitted that man, unlike woman, in order to satisfy a biological need, *must* indulge in sexual intercourse: a belief possibly initially arrived at through the spectacular nature of the emissions that are such a feature of adolescence and early continent manhood, but extended and elaborated as an excuse and a justification for the practice of promiscuity.

## II

Partly as a means of fulfilling man's alleged biological need there came into being the professional prostitute. To justify his encouragement of prostitution, and his recourse to its practitioners, man enlarged upon this biological need, reiterating it on all occasions until he actually believed in its truth.

The case for prostitution has been re-stated again and again. It has been conceded, in favour of these women who are willing to allow men to use their bodies in return for monetary gain, that however detestable and disgusting their trade may be, it is necessary for the safety of respectable womanhood. Without such professional women, it is contended, all women would be in danger of rape and assault. The picture presented is not a flattering one, so far as the male section of the civilized world is concerned, but it is essentially a true one.

This concept of the function of the prostitute is no new one. Basically, it is as old as civilization itself. It was fully recognized in the days of ancient Rome and Greece. It was, and it is, universal. The only points of difference manifest in the reactions to the problem in various ages and in different countries, are the divergent views respecting the social position of the prostitute, her treatment, and her legality.

The courtesans of ancient Rome and Greece were held in considerable esteem : their calling was neither lowly nor disgraceful. In many respects, their social position was superior to that

of respectable married women. There was no secret or implied recognition of this superiority : it was openly admitted.

In Japan and in China the prostitute was neither despised nor pitied. As a recognized need in the social life of these countries, she was free to leave the ranks of the profession and marry without any loss of caste. In many other countries, particularly where some form of religious prostitution still flourished, it was customary for girls to earn a dowry by practising as professional harlots, before their marriage.

In England and in other European countries these ideas never found universal or even any considerable favour. The exaggerated value and virtue considered to be inherent in virginity sufficed to brand the prostitute as a social outcast from the moment of her entrance into the profession. The association of the prostitute with venereal disease (which first occurred in the fourteenth century, following the introduction of the infection into Europe by the returning members of Columbus's expedition) lowered it still further.

Yet despite these dangers prostitution flourished. For centuries brothels were tolerated in London. During the twelfth century, in one part of the English capital alone, there were no fewer than eighteen. In many cases, in order to disguise their true purpose, these brothels were called 'bath-houses.' In other cases they were termed 'abbeys' or 'nunneries.' In the eighteenth century there were many notorious establishments of this nature, rendezvous for the most fashionable women of the town.

Not that prostitution was confined to the brothels and analogous establishments. The 'daughters of joy' practised their trade in the streets, and especially in the public parks and other enclosures. Among the most notorious of these 'haunts' were the Vauxhall, Ranelagh and the Argyll Rooms.

### III

The before-mentioned recognition of the necessity for prostitution has been the reason for no *serious* effort to abolish the vice being attempted in any country. As an evil which must be tolerated all efforts have been in the direction of control and restriction rather than prevention and abolition.

This control may be either of two different kinds : direct and indirect. Direct control is known as regulated prostitution : it is openly recognized and accepted. Indirect control is not recognized as control at all : in any such case, the dominant feature of the State's attitude to prostitution is non-regulation and therefore non-recognition. England to-day provides the classic example of this type of reaction to the vice. In its practical aspects, the direct method of control is operated by medical inspection of registered women, with, in most cases, their segregation in brothels. With the indirect method, there is neither registration nor medical inspection, brothels being illegal. The control and restrictive measures are exercised by means of a cunningly devised and camouflaged system of prosecution directed against the women engaged in prostitution.

For many decades there has been hot dispute as to the respective merits of the 'regulationist' and 'abolitionist' systems of dealing with the social evil. The controversy still continues.

The merits and demerits of regulation are concerned mainly with the question of venereal disease. It is contended by those in favour of regulation, that owing to the admitted necessity for prostitution, the best course to adopt is to ensure, as far as is humanly possible, that these professional women are as free from infection as is practicable. It is further contended that to this end a regular system of compulsory medical examination, and the segregation of infected individuals until they are cured, are essential features. Such a system of inspection necessitates the restriction of the practice of prostitution to licensed brothels, or, failing this, the registration and licence of the women themselves.

An additional argument in favour of the brothel system is that by this means the trade is restricted : where the streets are free from the presence of women there is much less temptation for young men, who are compelled to seek out the women in the brothels instead of being themselves approached. This particular argument has much in its favour, as anyone possessing wide acquaintance with the big towns of the various civilized countries will admit. I have myself walked through the main streets of New York City, Chicago and other important American cities without being accosted : this in striking contrast to my experiences on visits to London, when I have been repeatedly and persistently

accosted by street women in broad daylight as well as after nightfall.

In regard to the main argument in favour of registration (*i.e.* the control of venereal disease), the evidence supporting the beneficial effects of such control is of an exceedingly dubious nature. The medical examination of a prostitute, and the issue, by a qualified physician, of a certificate of freedom from infection, would appear to be an admirable way of preventing the spread of disease, and those without knowledge of the practical obstacles in the way of the scheme may be excused for their enthusiastic support. Unfortunately, however, the matter is not quite so simple as this.

The venereal infections are difficult to diagnose, and they are, in most cases, easily concealed. A medical man, in the limited time at his disposal, can give to each prostitute only the most superficial of examinations. He may very easily overlook an infection altogether, especially where the primary symptoms have disappeared (see Chapter XVIII) ; he will certainly overlook an infection in its incubation stage, *i.e.* before any symptoms have shown themselves. Both syphilis and gonorrhœa are far more difficult to diagnose in women than in men : the initial chancre of syphilis may be so small, and in such an inaccessible part of the genitals, that it remains unseen ; a gonorrhœal discharge may be diagnosed as an ordinary leucorrhœa or a non-infective urethritis. Latent syphilis is almost certain to be unsuspected.

Nor does this represent the whole difficulty.

These medical examinations are conducted weekly or fortnightly—in some instances at even longer intervals. It is quite possible, and indeed it very often happens, that a woman contracts a venereal infection within an hour of being granted a clean bill of health. In the interval which must necessarily elapse before another medical examination is due, she may easily infect a dozen, a score or a hundred clients. Actually, if the medical examination is to constitute any guarantee of freedom from infection, even granted that the doctor has made no error, this guarantee can be applicable only to the first client she receives after the issue of the certificate. For all practical purposes, to every subsequent client the certificate is not worth the paper on which it is written.

The system gives *a false sense of security*, and for this reason prostitution itself is *encouraged*. The strongest factor which deters men from having recourse to professional women is the fear of becoming infected with venereal disease. This is a fact which admits of no dispute whatsoever. Any system, therefore, which leads to a belief that this risk of infection has been removed, encourages prostitution by inducing men to visit the brothels or to consort with street-walkers who can show medical certificates—men, that is, who would in no circumstances patronize a prostitute who had no such certificate to exhibit.

All things considered, therefore, so long as the male consorts with prostitutes, whether in countries where the ‘regulation’ system is in operation, or in ‘abolitionist’ countries, *there is a distinct risk that he will contract a venereal infection*.

## IV

The sexualization of religion coupled with the concept of the biological need of man for sexual intercourse, created the professional prostitute. Also once you allow man the right to claim woman as a piece of property you get professional prostitution. It evolves through the loaning or selling of wives, through religious sacrificial prostitution, through the forcing of woman into intercourse as a form of punishment, through her rape by kings, by priests and by executioners as preludes to marriage, sanctity and death.

In America, in Britain, and in most European countries, prostitution, in the commonly accepted sense, reached its apogee during the closing years of the nineteenth century. It flourished with the vogue of monogamous marriage.

The decline definitely and unmistakably set in during the last twenty years. Ever precarious and short-lived, the prostitute's profession is becoming more and more difficult and less and less remunerative. There may be sporadic bursts of activity and consequent prosperity, but these do not affect my basic contention that prostitution, in its strictly professional aspects, is waning in America and Europe. This does not mean that the end of the evil is in sight. Nor are there any indications that men are becoming more moral and less libidinous. In consequence of changed conditions, men are finding that they can secure extra-marital sexual satisfaction through other, cheaper, and, as they think, safer channels.

Always has man, outside the married state, preferred to gratify his sexual appetite with so-called women of respectability rather than with acknowledged prostitutes. The difficulty has been to find in sufficient numbers women whose seduction would be accompanied with no distressing consequences. Because of the relative scarcity of such females, because of the difficulties experienced in inducing their surrender, because of the perils involved in the way of illegitimate births, man, up to recent years, has been compelled to look to prostitutes for the provision, in the huge bulk, of his sexual pleasure. The development of the machine age and the increasing prosperity of the working classes, with the continually decreasing numbers of actual peasantry, caused prostitution to flourish exceedingly. Men of wealth and education were brought up to treat with profound respect all women in positions approximating to their own ; and coincidentally to look upon girls of an inferior station in life as fair game.

No man consorts with prostitutes from sheer choice. It is easy therefore to see why the modern young man has welcomed with unalloyed glee the revolutionary change in the attitude of the modern girl to sexual adventure, her adoption of an outlook whereby she claims the right to the sowing of her wild oats in the way that man has sown his since the days of Adam. Both sexes, through the spread of contraceptive information, have gathered the idea that they can enjoy sexual adventure and laugh at any one of the penalties which, in the past, have proved such effectual

deterrents. True, they are dangerously optimistic, these bombinating youngsters, but they do not think so. And so the young man of sophistication hails the emancipation of woman with joy, and tells the professional prostitute to get to Gehenna.

In George Ryley Scott's entertaining work, *Ten Ladies of Joy* (Greenberg, New York, 1932), there is a paragraph, pregnant with meaning, relating to prostitution and its problems. It reads : " Always has it seemed to me that the definition of a prostitute is fundamentally wrong. According to the law, a prostitute is one whose trade is the committing of fornication for money. That is to say, a woman who likes to give her favours without monetary reward is not a prostitute. She is not, of course, strictly speaking, a respectable woman, but she comes pretty near to it. Thus a woman may be a prostitute for a time and then, without materially changing her mode of life, she may cease to be a prostitute. In instance, Emma Lyon, until she met Sir William Hamilton, was a prostitute : afterwards she became a respectable married woman."

Now observe that more and more is this state of affairs, where the so-called woman of respectability adopts the methods of the prostitute in everything but name, developing. Here we get back again to the problem of professional prostitution. Here we see why, in the main, the career of the professional prostitute is a decreasingly profitable one, why the joy-girls in every big town are finding it increasingly difficult to live, why they are prepared to sell themselves for a

fraction of what in more prosperous times they could ask and get, why more and more are they looking for the bulk of their trade at the hands of libidinous senescents, normally impotent decadents, and others who can only experience sexual sensation through indulging in perverse practices.

It is not that prostitution *per se* is diminishing. It is doing no such thing. It is increasing. What is dying is *professional* prostitution. Eventually there may be no prostitutes, as the world understands and defines the prostitute. Apropos of this, again let me quote from *Ten Ladies of Joy*, in which volume Ryley Scott puts the position admirably : "With the increase in the emancipation of the modern girl and of divorce one may expect coincidentally a decrease in prostitution. When divorce competes extensively with prostitution it will in time, to a large extent, supersede it. Make divorce facile enough and the condition of woman resulting from it becomes, in its final analysis, barely distinguishable from prostitution. Thus the possibility arises of prostitution being legalized by backdoor methods. In other words, as divorce increases and the emancipation of woman makes further strides, prostitution may eventually cease to exist by virtue of its universality. For when prostitution becomes universal it ceases to be prostitution."

Any successful prostitute will tell you that her clients, for the most part, are married men. The number of married men who consort with professional 'daughters of joy' has always exceeded that of single men, but in recent years this proportion has mounted considerably ; there

is every ground for assuming that as time goes on the prostitute will increasingly look for her means of existence being provided by the married, and especially by those of advanced years.

The married man, with a minority of exceptions, as for instance the wealthy and the famous, does not find it so easy to consort with girls of respectability as does the young single man. Nor does he find it advisable. In the case of such girls as exhibit the requisite complaisance, there are peculiar dangers for any man who is respectably married and who wishes to continue in this state. So he hies him to the prostitute, where there is no such danger. Even here, however, the prostitute finds a decreasing market for her peculiar wares. In another chapter of this work, I have indicated how, in ever-increasing numbers, the modern married woman is throwing off the role of *anæsthesia sexualis*; how more and more is she mastering the technique of love.

## V

The outstanding lesson that emerges with crystal clarity from this rapid survey of prostitution in all its aspects, is that PROMISCUITY, WHATEVER FORM IT MAY TAKE, INVOLVES A RISK, UNAVOIDABLE AND INEVITABLE, OF CONTRACTING ONE OF THE VENEREAL INFECTIONS. For, as we have seen, no system of registration or medical examination of prostitutes can do more than limit the likelihood of infection—it cannot prevent it.

The male, therefore, who wishes to retain his sexual health should avoid not only the pro-

fessional woman, but also the amateur prostitute and the 'good time' girl.

This advice applies in equal measure to the female. The girl who, because of the sexual freedom of the age (see Chapter XVII), indulges in amorous adventure with men whose casual acquaintance she makes in dance-halls, holiday camps, at the seaside, on cruises and 'hiking' expeditions, is running grave risks. It is well that she should realize the true nature and extent of these risks. Only by such realization will she be induced and enabled to avoid them.

I will conclude this chapter with a few words of practical advice to men. They are based upon the facts which have emerged in the preceding pages.

*To the young and unmarried :*

DON'T EVER ATTEMPT TO SECURE SEXUAL KNOWLEDGE OR EXPERIENCE BY CONSORTING WITH PROSTITUTES. You may have to pay a terrible price for any experience gained in this way. In addition, the knowledge secured by intercourse with professional women may prove disadvantageous rather than otherwise when the time comes to marry. Especially is this likely to be the case if promiscuity is continued over an extended period. Sexual knowledge gained from prostitutes is often of a kind that is of little use in the married state. More and further, it is of a nature which may easily cause marital discord and unhappiness. It may be stated with assurance, that to some extent in every case, and to a very considerable degree in most instances, is the

harmony of marriage affected adversely for both husband and wife by the male's *practical* pre-marital sexual experience, especially where such experience has been gained with a prostitute. This does not in any way imply that sexual knowledge is not advisable and, in fact, necessary, but there is no need to patronize any professional woman in order to secure this requisite knowledge and information. There are now available many excellent practical books dealing with the problems of sex. From any one of these volumes can be gained such knowledge of the sex act as it is necessary for both man and woman to possess.

DON'T ATTEMPT TO 'CURE' SELF-ABUSE BY HAVING INTERCOURSE WITH A PROSTITUTE. The advice, often given by older men, to adolescents who are addicted to the practice of masturbation, that sexual intercourse will provide a 'cure' for the vice, is erroneous and dangerous. Any prospect of 'cure' by such means is concerned with the exchange of the evil of self-abuse for the much greater evil of fornication, and the possibility of the coincident cultivation of two vices in place of one.

#### *To the Married Man :*

REMEMBER THAT EVERY TIME YOU ENGAGE IN INTERCOURSE WITH A PROSTITUTE YOU ARE RISKING INFECTING YOUR WIFE AS WELL AS YOURSELF WITH VENEREAL DISEASE. It may be contended that it is nobody's business but his own if a single man cares to run the risk of contracting a venereal infection, but this argument cannot be propounded in justification of a married man's infidelities.

So long as a husband has intercourse, or intends to continue having intercourse (the regularity or frequency of such intercourse is immaterial), with his wife, he has not the slightest justification for recourse to prostitutes. Many men, in their selfishness, patronize professional women during such times as intercourse with their wives is undesirable or impracticable. To adopt this course is unjust and unfair, even apart from the risk of acquiring venereal disease and subsequently infecting their wives—a risk, this, which ranks as an almost inevitable concomitant of promiscuous sexual adventure.

*To Every Man :*

KEEP AWAY FROM PROSTITUTES IF YOU VALUE NOT ONLY YOUR PHYSICAL HEALTH BUT YOUR PERSONAL SELF-ESTEEM. LUST IS NOT LOVE. REMEMBER ALWAYS THAT LOVE CANNOT BE BOUGHT. Intercourse with a prostitute is, at best, a mere *substitute* for the sexual expression that results from love. It is unsatisfactory. It lacks *exclusiveness*.

## CHAPTER XVII

### THE NEW WOMAN

#### I

THE patriarchial concept of woman has had a good deal to do with her reactions to sex and to sexual knowledge. For centuries woman has been faced with a terrible psychological obstacle, cumulative in effect and universal in application. This obstacle she had to overcome before she could take the first step in her fight for freedom and equality.

Many of the differences so observable, so much emphasized and so much discussed, between man and woman, are due to the obstacles that have been placed in the way of woman's mental development, to the persistency with which she has been denied opportunities for advancement, and to the refusal to acknowledge any such advancement when it did happen to be made. That is to say, any advancement of woman, in the face of this persistent policy of retardation, when it was actually accomplished, was attributed not to any merit, not to ability, not to genius on the part of the particular female concerned, but to the possession by her of some such mystic quality as intuition, some rutilant superfœtation with which the individual has nothing whatever to do.

And, to a very considerable degree, these explanations for any performance of woman are given currency to this day : they are most firmly believed in by most men, and, strangely enough, by a goodly proportion of the female sex itself.

We hear much of this intuition of woman. And yet it is a myth. There is no evidence in support of woman, any more than man, possessing a degree of knowledge which, if intuition were accepted as an explanation, would verge on the supernatural. What woman *does* possess, in a greater measure than man, is realism or common sense. She is far less easily deceived by the superficial or the meretricious. She is much less likely to fall a victim to those appeals to emotionalism, patriotism and pity than is the average man. In evidence of this we have the fact that men, in the huge main, are the gulpers of the empty platitudes of politicians and propagandists, that they provide the majority of the victims for the swindlers and charlatans. Outside his own narrow path, the business or the professional man's lauded shrewdness is usually non-existent. In every other walk of life he proves an easy victim for the cunning schemer. He supports, both in business and private life, every kind of cheat that exists. He is far more likely to fall for a 'hard-luck' story than is his wife. It is true there are a minority of women who are even more likely than men to be hoodwinked, and it may be from the much-discussed attitude of females of this type that the general idea has gained currency respecting women being more easily imposed upon than men, when the exact opposite is the actual truth. These gullible

females, for the most part, are old maids ; in other words, women who have failed dismally in competition with men, who have been unable to ensnare husbands. The very fact that the majority of women get married provides all the evidence one needs of their superiority over men, seeing that in these modern days it is in man's best interests to avoid marriage while it is in woman's best interests to embrace it.

But myths die hard. And the myth of woman's mental inferiority, invented and elaborated at a time when woman could only accept in silence its pronouncement and implications, has flourished through the ages until it has become proverbial. Its corollary, that woman possesses a degree of intuition denied to man, is an explanation, cunningly devised, for all cases which seem to contradict the fundamental hypothesis of feminine inferiority. Thus, whenever woman displays a degree of intelligence that transcends such as is usually exhibited by man in similar circumstances, the facile explanation of intuition is brought forth. And, not unamazingly, woman has herself accepted this hypermetropic explanation.

This peculiar concept of feminine mentality has had far-reaching effects. It has led to woman, in sheer defence against the dominance of the patriarchate, developing traits which, although characteristic, are the reverse of laudatory. District attorneys, judges, doctors, psychiatrists, and others who have, by virtue of their professions, seen the feminine mind exposed in all its nudity, have testified to the perjury of woman in the courts, to her unreliability on all occasions where

exact truth is required. I think they are justified in these assertions. I am of opinion that woman, on the whole, displays far greater skill than man in the arts of prevarication, dissimulation, equivocation and in every form of chicanery.

There are many reasons for this : they are all concerned with her subservient position in society, and especially her subservient mental position. Because man, for nineteen centuries of civilization, has decreed that woman is unfit to make a decision respecting a point of any importance, to express an opinion upon anything beyond household affairs, to fill any role other than that of a menial on the one hand or a 'drawing-room' *objet d'art* on the other, she has laboriously and gradually evolved a technique which is peculiarly suited to these roles, and which enables her to secure, by subterfuge, what she could never hope to get by any direct means. She has succeeded in persuading man that he is filling the dominant role, while all the time she is getting her own way. She has adopted, largely unconsciously but nonetheless surely and to a high degree, the old Chinese method of the indirect approach—a method, by the way, which is being increasingly employed by that small but powerful oligarchy which dictates modern world policy.

In view of all this, woman is not to be blamed for her adoption of a policy in which trickery, hypocrisy, cheating and lying are such predominant characteristics. The blame, if there is to be any blame, must lie with man. He is responsible for the creation of an atmosphere in which woman has been compelled to evolve,

practise and develop a policy which, from a strictly ethical and abstract viewpoint, may seem indefensible ; but from a practical standpoint represents the only logical method of inaugurating a system of life which is endurable. In short, woman's attitude, in the circumstances, is a perfectly justifiable one.

It must be stated, too, in woman's further defence, that much of this reaction is *unconscious*. From childhood every female is trained in the arts of dissimulation and hypocrisy. So much so is this the case, that not only is this training, in itself, mainly unconscious, but even in adolescence and adult life few women recognize that they are pursuing a continuous and progressive policy of dissimulation, mendacity and camouflaged trickery, just as few men realize they are in any way responsible for the adoption by women of such tactics. So considerably and inextricably has this policy become mixed with the everyday affairs of life, that unconsciously but nonetheless actually it has received the approval and sanctity of custom.

Indeed, to a great extent, this remarkable policy has been developed and consolidated by the fact that even in those cases where the whole thing is overdone and the duplicity is exposed, there is little for woman to fear. Man's attitude towards a 'weaker and an inferior' sex has been associated with the creation of a concept of chivalry which, in turn, has been exploited by woman. Thus, the discovery of her 'trickery' or dissimulation, in all ordinary cases, involves neither disgrace nor penalty ; in more serious circumstances, any such danger is met by recourse to

hysteria, by the development of a convenient 'illness,' by the exhibition of a fantastic gullosity.

## II

Man, through the invention of gunpowder and the rifle, is able to place at a hopeless disadvantage in the fight for existence, the elephant or the lion or the gorilla ; all specimens of animal life with which, in physical combat, his chance of success would be an utterly hopeless one. The most powerful savage is outmatched by the weakest white who is able to bring to his aid the resources of this age of mechanism.

Analogously, in modern civilization itself, more and more is the machine ousting human labour ; more and more, with each succeeding year, is it becoming evident that in future mentality alone will count. Brute force is becoming superfluous. In another ten years, at the existing rate of progress, physical strength will be of no more use to the inhabitants of New York or London than is to-day the *utriculus masculinus* or the *paroöphoron* or the *vermiform appendix*. In fifty years' time the man who can use a shovel, or hammer a three-inch nail into a block of wood, or fell a tree with an axe, will be giving demonstrations of his prowess on the music-hall stage !

I very much question if man has thoroughly realized how, in his craze for labour-saving devices, his encouragement of inventive genius, his hurrahing at the advent of robots, he is throwing away the only advantage over woman left to him"; nor how also, and incidentally, he is

encouraging war and committing *hara-kiri*. Did he wish it, however, it is, I fear, too late now to attempt to call a halt in the game ; he can only hope that the essential economic revolution will be effected before the knife is actually drawn across his throat.

Woman, shutting her eyes resolutely to economic troubles, can heartily, sincerely and consistently cheer the inventive spirit of the age. The development of mechanized industry has been one of the potent factors in her emancipation. She can start and stop a machine, she can watch it do its work, as efficiently as can the most highly muscled male. The day is dawning when it will be quite unnecessary to differentiate between work suitable for the male and the female—every department of activity will be available to both.

### III

A period of transition is always a period of exceptional difficulty and danger. It provides opportunities for the putting of power into the wrong hands. There are invariably at such times a number of idiots, madmen and fanatics running about with loaded firearms and naked swords. Even more dangerous are the sophisticated, unscrupulous, educated morons who are in charge of the sticks of dynamite and cans of nitro-glycerine.

At this moment society is in one of these periods of transition. It has outgrown its mental clothes and, in a fit of petulant anger, it has discarded these clothes before new ones are ready for adoption. The pose of moral and intellectual nudity in a

civilized world is a peculiarly dangerous one. It is precisely here that is laid bare the cause of all the uncertainty, the discontents, the malaises with which the world to-day is afflicted.

For all this, I fear, the enormous spread of popular education has a good deal to do. Education is not the unmixed blessing that democracy affirms. Education and the rise to potency of the machine age together may well bring about the collapse of the existent Western civilization. Already these twins, working in harness, have given deadly blows to religion, as Americans and Europeans understand and interpret religion. No intelligent observer of events can deny that religion has suffered considerably during the past ten years. This decline is greatly to be deplored.

All that the grandiose and expensive methods of free education for the masses have done is to let loose upon the world millions of half-educated men and women who have sufficient knowledge to absorb a crude atheistic philosophy without understanding the foundations upon which it is built. Deprived of a thorough knowledge of this essential fundament, atheism is a philosophy as dangerous as communism or nihilism. Neither socinianism nor atheism is a suitable cult for the polite morons turned out in such profusion by the schools of civilization.

The decay of religion is responsible for the younger generation, with all its scoffings, its cynicism, its *tedium vite*, being decidedly puzzled. With the Christian religion has been thrown off all the adamantine belief in the ethical principles which Christianity stands for. The result of all

this incapacity for belief is that the standards upon which, in previous generations, social conduct and responsibility were based, have been shattered. Adolescents of both sexes look this way and that way for guidance and find nothing but a budget of antiquated notions promulgated by a band of puppets who have failed to realize that the ethic they are attempting to disseminate is an impossible and a transparently dishonest ethic. And so these adolescents become ever more cynical, more disbelieving, more critical, more *blast*. They possess sufficient knowledge to realize that concepts of good and evil are purely arbitrary and artificial. They do not possess that other knowledge which postulates the necessity for a distinction, conditioned by the needs of society at the moment, between temporary standards of good and evil. And therefore they are tempted to brush aside *all* the existing standards and to interpret as good that which is pleasant and as evil that which is distasteful. In the present transitional stage of culture, it is peculiarly dangerous, this frankly hedonistic philosophy. It is liable to destroy all ideas of morality and induce the substitution of amorality. Samuel Butler sensed just such a position when in *The Way of All Flesh*, he depicted a loss of belief in religion and the knowledge of no other form of taboo, causing the rape of a servant-girl.

Once social and moral standards crumble there are perilous possibilities in a society which is mainly ignorant. The ignorant are incapable of individualistic development. Democracy, which represents the functioning of the ignorant in terms

of its lowest common denominator, is throwing away all the moral standards which have been largely responsible for its emergence, and it is gleefully carrying out this discarding process before it has formed any fresh standards to take the place of the obsolete and antiquated ones. The position is analogous to that of a man who cannot swim pitching away his life-belt in mid-ocean.

Society, in its younger sections at any rate, does not know what is right from what is wrong : it is either frankly and abysmally puzzled, or it is afflicted with diplopia. But a path of some kind must be chosen. Naturally, humanly, and perhaps not untinctured with some degree of callidity, it chooses the one it likes best, which, in nine cases out of ten, is that which, according to the old moralistic and ecclesiastical standards, represents *the wrong one*. In the case of women in particular is this disintegration having revolutionary effects : effects, too, which are reacting on men in a most peculiar way.

#### IV

The result of all this is that the liberation and emancipation of woman have come at a time when she is hardly able to handle the situation properly, and in consequence she acts like an adolescent suddenly given complete control of a large fortune, or a peasant suddenly pushed into a position of immense power. In short, she is inclined to be a bit above herself.

What with the vogue of the small house, of simplicity in furnishing, of labour-saving devices,

of canned foods, in conjunction with the childless marriage, women, both single and married, have on their hands nine-tenths of the time they are awake. A goodly portion of them compete with men in the field of labour and develop masculine views : the remainder disport themselves elegantly wherever men are likely to admire them or other women to envy them.

It is in this leisure state, which is bound, through the incidence of economic conditions, to increase in extent for men as well as for women, divorced from other changes which should but will not go with it, that there is distinct danger of woman killing her own gold-egg-laying goose.

The result of woman's increasing and strenuous efforts to reach perfection in apparel, with the object of securing the admiration and attentions of man, and the tremendous facilities for their accomplishment afforded by the standardization of dress, is to produce a countless and ever-growing army of well-dressed and attractive women. There is yet another factor of even greater significance than the unparalleled duplication of attractiveness and beauty : it is the fact that the tendency is for women to get more and more alike. Such are the possibilities of mass production that one week after the appearance on Fifth Avenue of a model hat or gown, replicas of it, that to the casual eye are indistinguishable from the original, are on sale in their thousands in the shops of Chicago, Detroit, St. Louis, San Francisco, Philadelphia, New Orleans and Gary, Indiana. The society beauty sports something new in necklaces and before all her friends have had time to admire it

and to envy her its possession, she sees a copy dangling from the neck of a servant-girl who does her shopping in one of the popular stores. All of which is very annoying to one class of woman, very comforting to another, and very confusing to the average man. Ten years ago when he saw a girl wearing a stylish hat, or a fur coat, or a bizarre necklace, or a diamond ring, he was tolerably certain that he had met with the authentic article ; to-day, as like as not, the wearer of the whole collection, an hour previously to prancing about in Fifth Avenue, was carrying a tray in one of Childs' restaurants, or selling ribbons in a Broadway store.

So much so is this the case that more and more every month are modern women, despite the marvellous creations and superb fabrics that scientific achievement creates, becoming alike. For generations, man, at the request of woman, has been content to wear a uniform. To-day, woman, for a completely contrary reason, and despite her frenzied efforts to achieve individuality is likewise becoming stereotyped. She is, true enough, largely unconscious of this trend. Individually she does her utmost to rebel against such an appalling contretemps. She has inveigled man into becoming stereotyped, particularly at times when she is to be seen in glittering apparel, in order the better to heighten and form a proper setting for her own splendour. The effects of the machine age are against her here. The very power that enables her, in the terrific main, to make herself attractive and alluring, owing to the fact that it is doing the same for a countless number of competitors,

is making beauty itself commonplace. There is no individual attraction where all are attractive.

It is for this reason, too, that chivalry is dying. In an age when man can spot a woman of beauty and attractiveness wherever he casts his eyes, when there are for the finding scores of pretty girls of easy compliance in every town in which he sets foot, he has small need to compete with his fellows for a girl with whom to philander. It was when pretty girls were scarce and difficult to approach that man, in hot rivalry, fought for the few that were available. To-day, no man, unless he happened to be drunk, would dream of fighting a rival philanderer for a pretty girl's smile : he would simply pass on to the next beauty out of the hundred hectically trying to catch his eye. And if anyone is disposed to dispute this, let him try to imagine any two males of his acquaintance fighting for the privilege of accompanying to her home a Seventh Avenue harlot.

## V

Politicians, clergymen, radio lecturers, and other parroters of boobery reiterate in platitudinous terminology and with tireless consistency the widely held notion that human nature, like the 'everlasting hills,' never changes ; that to-day men and women have, apart from certain temporary fancies which are of no fundamental importance, the same characteristics as they had when William of Normandy conquered England, when Jesus Christ was conducting his evangelical campaign in Jerusalem ; when Noah performed

his great zoological experiment ; when Eve tempted Adam. Woman, they assert, apart from evanescent and superficial changes due to fashion, is at root the same delicious, charming, lovable, captivating creature she has always been : her work in office and factory, her challenge to man in sport and in business, do not in any way alter the fact that she possesses, as part of her inheritance, the same maternal instinct, the same household pride, the same capacity for true steadfast love, as have marked the devotional lives immortalized in literature and art. All of which is the grossest exaggeration, and much of it plain nonsense.

Since the birth of the twentieth century, woman has changed more than in the whole of the previous nineteen hundred years. Man, too, has changed ; though, in comparison with woman, to an infinitesimal degree. In the past quarter of a century a NEW AND SOPHISTICATED WOMAN has been born, a woman psychologically distinct from the woman of any previous generation. Three factors, all of comparatively modern growth, are having revolutionary effects on civilization. So modern are they in themselves that their inevitable cumulative effects are now for the first time being realized and felt : in the future they will produce results still more profound and still more revolutionary. These factors, as we have already seen, are the rise to full controlling power of the machine age, with all its wonderful, far-reaching and unlooked-for consequences ; the spreading into every grade of society of contraceptive knowledge and practices ; and the decline in power of religion.

All these factors are inextricably interlinked, and it is safe to say that the rise of one made inevitable the rise of the other two. Thus the supremacy of science over nature, of the artificial over the natural ; the immense development of city life, with its pushing of everything connected with nature into the background, was bound to be accompanied by the decay of the belief in the supernatural, and the coincident arising of a reverence for the machine and its concomitants. The means of controlling and preventing conception came to the knowledge of the people simultaneously with the passing of the belief that woman was created for the express purpose of begetting and rearing children.

It was inevitable that, after all these centuries of enslavement, on finding herself free from a good many of the social, industrial and sexual chains that had previously bound her, she should, to some extent, lose her head. When one considers that woman has been complimented, encouraged and made a fool of generally by the rival she has equalled or beaten, the marvel of it is that her head has not split under the strain.

It is a matter for question whether or not woman, at this particular transitional stage in her evolution, is able adequately to play the part that is being given her, and to meet the unique demands that are being made upon her. Modern publicity, in its terrific concentration, is a double-edged affair. The Press, in its excitable clamouring for news, hardly lets the girl get through high school before it bedecks her body with a glittering evening gown, or makes of her a mother.

But despite the dangers and difficulties inseparable from her position, one cannot but congratulate woman on her rebellion. She has, in all conscience, been treated as a slave for far too long. And I firmly think that she has the potential capacity for climbing to any intellectual height reached by man. Woman's mental inferiority, where it exists, is due not to any inherited inferiority, but to conditions imposed upon her : potentially she is man's equal.

Will female emancipation develop further ? Or will woman, in her greediness, overdo the whole thing ? These are matters for speculation. But withal, there are two factors on woman's side. The first is that man, despite all his noise and combination, fails to take her emancipation seriously : the second is that woman has developed rather than lost in any way her capacity for making herself attractive to man. In her terrific concentration on this one factor, the opinions of the Puritans notwithstanding, lies her safety-valve. The late Florenz Ziegfeld, connoisseur of feminine beauty, affirmed that well-shaped girlish legs encased in silk could be relied upon to rejuvenate and reinvigorate old and tired men. The estimable Ziegfeld was not the sole possessor of this knowledge. Most women, at least most women with any pretensions to charm, know it full well, and what is more, in ever-increasing numbers, they are putting this knowledge to practical use. So long, therefore, as woman continues to develop her charm and her so-called 'sex-appeal,' her prospects, I venture to think, in any combat with man, are particularly rosy. There is a danger point,

however. It lies in her selfish over-embraceinent of a new-found freedom.

## VI

In concluding our survey of the **NEW WOMAN** let us consider the above-mentioned danger point. In England, in 1932, in an English court, a decision was given which must have been the cause of much hysterical cheering by the sophisticated young women of that country and that day, the women who spent their afternoons careering around gaudy dancing palaces with emasculated gigolos, or visiting cinemas in the company of decorative young men.

In accordance with this decision, the modern married woman is free to do practically as she wishes, irrespective of any trammelling desire, expressed or unexpressed, of the man to whom she is married. The law does not allow the husband to use physical force to correct his wife's delinquencies, nor does it allow him to interfere in any way with her movements. Provided she returns home at night she can go out during the day and engage in work of a nature to which her husband strongly objects, and in addition she can keep the money thus earned for her own personal use. More, provided she does not commit immorality, or rather provided she is not actually caught in adultery, she is permitted by law to philander to her heart's content with a miscellany of men.

And at the same time her husband is legally responsible for her keep and clothing, for the slanders she may utter, for the libels she may

commit, for the payment of the income tax on her earnings to which he has no claim. It is precisely here that the monstrous injustice of the position is in evidence. For in plain words the law enables the foolish woman or the unscrupulous woman, and likewise the unscrupulous male 'woman-chaser,' to make the husband into a fool, and possibly into something a good deal worse.

But in its modern interpretation the law does something more. It hacks, with continually increasing force, at the root of marriage itself. No man who cares anything for his wife, despite all the modern ideas of freedom, will agree to her going about with other men.

Modern woman is in a unique position ; a position which, from the point of view of the idle, selfish, hedonistic woman, is ideal. The law enables her to get it both ways ; it puts into the hands of the pretty and unscrupulous girl the power to ruin any man whom she can inveigle into marriage.

The result of all this is that men, in constantly increasing numbers, are fighting shy of marriage. The tendency, unless they marry very young, is not to marry at all or to put off the adventure until the days of approaching senility. And little wonder ! It is the inevitable result, this unwillingness to marry, of a state of affairs brought about by the law protecting and encouraging the woman to sell her cake and then eat it herself. Before the NEW WOMAN, in all her glamorous sophistication, in all her newly discovered freedom, in all her sexual emancipation, cheers the modern inter-

pretation of the law affecting marriage, she would do well to reflect a little on its possible consequences when once man thoroughly throws off the effects of his self-inflicted overdose of feministæsthetic.

## CHAPTER XVIII

### THE DREADED DISEASES OF SEX

#### I

IN accordance with the generally approved and accepted 'hush-hush' policy in connection with everything concerning sex, applicable almost universally throughout Western civilization, and particularly in the English-speaking section of it, venereal diseases have always been referred to in susurrated accents and euphemized terminology : thus 'bad diseases,' 'blood trouble,' 'social disease.' The Press, largely controlled or influenced by powerful religious organizations and wealthy advertisers, has backed up this policy tooth and nail.

The result of this consistently applied suppression or taboo has been twofold. In the first place it has prevented the dissemination of any real and effective warning against the danger of venereal disease, and in the second place it has resulted in the whole subject being embroidered with a veil of mystery, superstition and misinformation which does much to increase the difficulties of the problem. In a huge number of cases the first practical knowledge concerning venereal disease that any young man or woman secures is from painful personal experience of one of the infections. In another huge number of cases the

sufferer, through the attitude of the public, is scared at the very thought of securing medical attention, or of asking the advice of an older or more experienced person, with the result that he does not consult a doctor until the symptoms reach such a degree of seriousness as to render the step imperative, and in other instances of a milder character, he never secures medical attention at all.

The seriousness of venereal infections is in their aftermath. The facts that in so many cases the initial symptoms are slight, and that there is no such thing as incapacitation of the afflicted person, favour neglect.

*It is, in my opinion, of the very first importance that every man and woman should be conversant with the symptoms of the more important venereal infections, that everyone should know how they are contracted, and be familiar with the steps that should be taken in order to avoid accidental infection.*

## II

The most widely spread venereal infection is gonorrhœa (clap). It is extremely common in both sexes.

The infection is caused by a specific micro-organism, the gonococcus, which attacks the mucous membrane. It can attack these surfaces at any of the openings : the urethra, the anus, the mouth and the eyes. Owing to the fact that the majority of infections are caused by sexual intercourse with a diseased person, the part which is usually first affected is the urethral canal.

The initial symptoms, which are sometimes so slight as to go unnoticed, do not appear immediately after contact with the infected source. A period of incubation, as it is termed, varying in length in different cases, and depending upon the virility of the attacking gonococci and the resistant powers of the individual, elapses before the initial symptoms appear. This period may be as short as three days ; it may be as long as three weeks.

Because it is advisable that an infection should be recognized at the earliest possible moment, it is well that the initial symptoms should be clearly noted. They differ slightly in the two sexes.

It may be well to point out first that the individual, whether male or female, who has an aversion to, or a strong dislike for examining the genitalia, is unlikely to discover any form of venereal infection (with the exception of chancroid) until it has secured a firm foothold. For this very reason, if for no other, it is advisable that everyone should master any such feelings. There is nothing wrong, obscene or disgusting in examining and touching, whenever necessary or advisable, the 'private parts' (see Chapter III).

Considering the male first, if the urethral outlet appears red and swollen, and there is, at this point, a feeling of burning, itching or general discomfort, one's suspicions should be aroused. An additional symptom is that, on making water, the stream of urine has to force a passage, the lips of the orifice being stuck together. Soon after these first symptoms are noted, there will probably be a 'scalding' sensation when urinating, and a discharge of yellowish mucus from the urethral

orifice along with and also independently of the urine itself.

It is true that all these symptoms may occur, and the cause be nothing more alarming than a non-venereal urethritis, but it is most unwise to ignore them on this assumption. The better course to adopt is to consult a doctor immediately in order that, in the event of gonorrhœal infection being present, treatment may be instituted immediately.

One of the dangers of delaying treatment is the risk that these local symptoms will disappear and lull one into a false feeling of security, which will only be dispelled when the infection reaches another and a much more serious stage. At this point the disease is quite out of reach of local treatment. The only exterior symptom is the slight discharge from the urethral orifice, particularly observable on first arising, known popularly as the 'morning drop.'

Lacking proper treatment, the infective organisms speedily leave the urethral canal, and the disease becomes systematic, in contradistinction to its original and initial local condition. It is easy for the gonococci to penetrate deeply into the system. They pass from the urethra to the prostate gland and the seminal vesicles, they penetrate, in ever-increasing hordes, like a successful invading army, the *vasa deferentia*, speedily reaching the epididymes and the testicles. Wherever the gonococci instal themselves, inflammation inevitably follows. Finally, assuming the penetration is not stopped, the joints are attacked. There may, too, be eye trouble.

Gonorrhœa in the female is rarely as serious in its *initial* effects as in the male, though it is more difficult to cure and has more far-reaching results. It is, too, far more often unnoticed. There are several reasons for this. The 'private parts' of the female are not under such close and constant observation as are those of the male. They cannot be so easily self-examined, even where such examination is deliberate and purposive. Any discharge caused by gonorrhœal inflammation is likely either to pass unnoticed altogether, or, if observed, to be promptly set down as a manifestation of 'the whites.' For these reasons, it is the exception rather than the rule for a woman, in the initial stages of gonorrhœa, to consult a doctor. If, however, she observes stains on her underwear, and, at the same time, notices a burning or itching sensation in the 'private parts,' especially when passing water, she should consult a medical man at once.

As in the male, the urethral canal is the part usually initially affected. But there may be, instead, or, in addition, an attack on the vulva or the cervix. Only on rare occasions is the vagina itself attacked.

Again, as in the male, by continuity of the genito-urinary systems, the infective organisms quickly reach the womb, the Fallopian tubes and the ovaries. If once the oviducts become infected, the resultant inflammation blocks the tubes and a position of sterility exists. In fact, so often is tubal inflammation connected with the presence of gonococci, that in almost all cases of salpingitis gonorrhœal infection is suspected to be the cause.

Other frequent aftermaths are peritonitis, endometritis, rheumatoid arthritis and parametritis. Far more often in women than in men do the complications resulting from neglected or uncured gonorrhœa cause operative procedures which have fatal results.

Most cases of gonorrhœa, if taken in time, are quickly cured. The trouble is that in so many instances, for one reason or another, they are not taken in time : the infection has travelled far beyond the reach of local antiseptic treatment before a doctor is consulted.

The most recent treatment is with M and B 693. If commenced immediately the first symptoms appear, the infection can often be cleared up in a week or two. It should be noted that this treatment can be administered by a qualified physician only.

One of the most dreaded complications of gonorrhœal infection is *gonorrhœal ophthalmia*, or gonorrhœal inflammation of the conjunctiva. Any one suffering from gonorrhœal urethritis may easily infect one's own eyes, if the strictest aseptic care is not taken. To prevent any risk of this, every time the prescribed antiseptic treatment is applied, and every time the fingers come in contact with the genitals for any purpose whatsoever, *the hands should be washed thoroughly and dried carefully*. It only requires the eyes to be rubbed or touched by a finger smeared with the faintest trace of discharge, for *gonorrhœal ophthalmia* to set in, with blindness as an almost inevitable sequel.

In the past, most cases of congenital blindness have been due to infection during the birth of a

child to a woman suffering from gonorrhœa. The condition is termed *ophthalmia neonatorum*. It is because of this danger that prophylaxis applied to the eyes of the newly born infant is to-day a compulsory routine treatment. The technique consists of the application of protargol or of silver nitrate solution as soon as the baby is delivered.

### III

While the disposition of most men is to treat gonorrhœa as a disease of minor importance, it is customary, as regards syphilis (pox), to go to the other extreme, and to look upon infection as equivalent to a death sentence. The one view is as much an exaggeration as is the other.

Until Hoffman and Schaudinn, in 1905, identified the *Treponema pallidum* as the responsible micro-organism in syphilitic infection, the disease was often confounded with chancroid, and there were those who, like John Hunter, traced all venereal infections to one common agent and source.

The *Treponema pallidum* is distinctive. It attacks the blood stream, and in this way, if unchecked, infiltrates every organ and part of the body. For the organism to effect an entrance it must first find a tiny crack or fissure in the skin surfaces. It cannot penetrate the barrier presented by the unbroken skin. It is very important, however, that this point should not be misinterpreted. A sound skin surface is comparatively rare. For the abrasion which will allow the microscopic *Treponema pallidum* to enter need not of necessity be visible to the naked

eye. It is a relatively safe assumption that everyone has at any given time hundreds of tiny abrasions, of whose existence they are entirely unaware, which would allow the germs of syphilis to find easy entrance. Nor need these abrasions be on the 'private parts.'

The initial symptoms of syphilitic infection do not show themselves so quickly after contagion as in gonorrhœa. The incubation period, again varying according to the strength and number of the attacking organisms and the degree of resistance put up by the infected person, varies considerably. It may be as brief as eight days, or as extended as the same number of weeks. Some weeks may elapse before any signs that will lead to a diagnosis of syphilis appear, hence the futility, in so many cases, of any medical examination of prostitutes as a means of preventing the spread of the disease (see Chapter XVI).

In the male, the first indication is usually some slight itching or tickling on that part of the penis which, in the uncircumcised man, is completely covered by the prepuce. Examination of the male organ will reveal a tiny red ulcer, often no larger than the head of a pin. This ulcer is dry, hard and painless. In fact, it may be taken to be a harmless spot and no attention paid to it. Sometimes, too, especially in comparatively insensitive males, there will be nothing to induce an examination, and the ulcer will never even be seen.

In some instances this ulcer appears on the outside of the penis, on the scrotum, in the hairy region surrounding the penis, or, more rarely still, in the anus (back passage).

The female usually exhibits the primary ulcer on the vulva, the cervix, and, occasionally, at the mouth of the urethral canal. In any of these circumstances it is rarely suspected or seen. If, for instance, the ulcer appears on the cervix, it will certainly remain unnoticed and unsuspected.

As I say, the syphilitic chancre is devoid of pain. And it does not suppurate. Moreover, and this is a point of especial importance, if left unmolested *it heals itself*. In a not inconsiderable proportion of cases, therefore, the initial symptoms of syphilis appear and disappear without the infected person having the slightest idea that such an infection has been contracted.

Realization of one's condition often first comes with the appearance of the 'secondaries.' These constitute an entirely different and new set of symptoms. They appear when the *Treponema pallida* have entered the blood stream in real earnest, and the infection has entered upon what is termed its secondary stage. These secondary symptoms are visible about a month after the appearance of the initial sore. A rash appears on many parts of the body ; there is soreness of the throat and the gums. Inflammation of the iris of the eye sometimes appears. Patches of baldness (alopecia) occasionally follow. There may be ugly scaly spots on various parts of the skin surface. With these specific symptoms the whole general health is undermined.

As these conditions appear and disappear the spirochetes are continuing their process of infiltration. The disease, if not checked, will in time enter upon the third stage. The battle-

ground, as it were, is now extended to the whole system : the important organs and the bones even have become targets for attack.

Ulceration of the joints is one of the earliest symptoms of the tertiary phase of syphilis. Suppurative and destructive swellings—the notorious gumma—appear in various parts of the body. Tabes (locomotor ataxia) is another of the more serious sequelæ ; so, too, is General Paralysis of the Insane (softening of the brain).

The earlier after contraction that syphilis can be diagnosed and treated by a competent medical man the shorter will be the duration of the disease and the more complete the cure.

Let there be no doubt about it : syphilis CAN be cured as surely as any disease can be cured. Modern treatment consists of the use of the arsenical compound termed neo-salvarsan or neo-arsphenamine. It is also known as '909,' and is a discovery of Ehrlich, who introduced its fore-runner, the famous '606.'

Treatment is a slow process, and a complete cure may take a matter of years. The actual duration of the infection depends a good deal upon the time which elapses between contagion and the commencement of treatment. The importance of early diagnosis is therefore apparent. Many cases are never cured through the carelessness of the patient, who fails to continue the treatment long enough.

#### IV

At first glance the infection known as chancroid (soft chancre) is easily confounded with syphilis

by the average individual. Like syphilis, the initial ulcer usually appears on the penis, under the foreskin. But unlike the syphilitic ulcer, it is *painful* and it discharges pus.

No male or female can be infected with chancroid and remain ignorant of the fact for long. The pain is excruciating ; the smell from the purulent ulcer is offensive and nauseating.

An important distinction between chancroid and syphilis is that the former is a purely *local* infection, and is not therefore systematically dangerous in the sense that syphilis is. If prompt medical attention is secured, the infection will be cured in two or three weeks at the outside, and in many cases where the new M and B 693 treatment is operative, in an even shorter period.

If neglected, the infection spreads rapidly. Other ulcers may appear on adjacent parts of the penis in the male, and the vulva in the female. In some cases the anal region may be affected. A painful swelling in the groin, termed a 'bubo' or 'pig,' often appears.

There are other venereal infections besides gonorrhœa, syphilis and chancroid. Perhaps the best known of these is *lymphogranuloma inguinale*, sometimes described as the 'sixth venereal disease,' more often found among negroes than whites, and especially prevalent in tropical countries. It starts as a small ulcer on the genitals. This ulcer gives rise to no pain, but is slightly suppurative. The inguinal glands are quickly affected, and usually a painful 'bubo' appears in the groin.

*Trichomonas urethritis* is another infection which may appear in either sex. It is due to the activities

of a specific organism. It is, however, seldom seen. Much more common is *erusive balanitis* (the 'fourth venereal disease'), marked by extensive ulceration of the prepuce and glans penis. If antiseptic treatment is not applied immediately, the infection develops rapidly, spreading to every part of the organ. Being a local infection, however, it has no serious consequences except in cases of deliberate and prolonged neglect.

## V

In connection with venereal infections due to sexual intercourse (these constitute 95 per cent. of all infections), it is well to remember that a person who appears to be thoroughly cured of gonorrhœa or syphilis may be capable of infecting another individual. This applies in particular to the female, in whom the disease may be of such a character that no signs of infection manifest themselves even to a physician : at the same time such a person may be fully capable of infecting any male with whom she has intercourse. Also it has been demonstrated that it is possible for syphilitic infection to be conveyed to a woman by means of seminal fluid ejaculated by an infected male, and this may occur long after every other sign of infection has been cleared up.

While the vast majority of the cases of venereal disease are undoubtedly due to sexual intercourse with an infected person, it is untrue and unfair to suggest that every case must necessarily be due, directly or indirectly, to promiscuity. There is such a thing as accidental infection.

Luckily for mankind the three separate organisms responsible for gonorrhœa, syphilis and chancroid are alike in one particular : they are easily destroyed. Any simple antiseptic will kill these organisms, any greasy unguent will impede their progress. Moreover, they cannot live outside the human body for more than a few hours ; they cannot exist at all on a dry surface. These are points of great importance. They suggest the best measures to adopt in the prevention of venereal disease.

Cases where an infection is contracted accidentally are usually due to personal contact such as kissing, or sleeping in the same bed as an infected person ; or using infected drinking utensils, towels, vaginal syringes, etc. Occasionally, dental and surgical instruments are the means of conveying infection. There have been instances where gonococci have been transferred from one person to another in consequence of using the same water for bathing purposes. In exceedingly rare cases, an infection has been contracted from using a lavatory seat immediately after an infected person. Popular uninstructed opinion, however, credits the lavatory seat with far greater responsibility for the distribution of venereal disease than the facts warrant, as only where the discharge from an infected person is actually present in a liquid state upon the seat, is there any risk. A sound prophylactic measure when using a public toilet is to wipe the seat *thoroughly dry* with paper or a towel before using it.

Generally speaking, the older one gets the less resisting power is displayed to attacks from the

organisms responsible for any venereal infection. This applies to both sexes.

It cannot be too strongly impressed upon everyone that EARLY TREATMENT OF VENEREAL DISEASE IN ANY OF ITS FORMS IS OF VITAL IMPORTANCE. Because of this, and because, too, the initial symptoms of gonorrhœa and syphilis are so easily overlooked, the individual who has subjected himself or herself to infection should either visit a medical man at once and secure early abortive treatment, or watch carefully for the slightest sign of infection.

In concluding this chapter I would repeat and stress a few general warnings. They are of paramount importance.

- (1) AVOID PROMISCUOUS SEXUAL INTERCOURSE IF YOU WISH TO AVOID CONTRACTING VENEREAL DISEASE.
- (2) IN THE EVENT OF HAVING EXPOSED YOURSELF TO THE RISK OF INFECTION CONSULT A DOCTOR IMMEDIATELY.
- (3) DO NOT IGNORE THE FIRST SYMPTOMS OF INFECTION, HOWEVER SLIGHT THEY MAY BE.
- (4) CONSULT A DOCTOR THE MOMENT YOU NOTICE ANY SUSPICIOUS SIGN.
- (5) DON'T ATTEMPT TO CONSULT AN UNQUALIFIED HEALER. It is a waste of time. *In England, the law does not allow anyone other than a qualified medical man to treat a venereal infection, and free treatment is available at special clinics in most large towns.*
- (6) DON'T ATTEMPT ANY FORM OF SELF-TREATMENT, OR LISTEN TO THE ADVICE OF ANYONE OTHER THAN YOUR DOCTOR.

## CHAPTER XIX

### THE DECLINE OF SEXUAL POWER AND FERTILITY

ROUGHLY speaking, the apex of man's sexual power is reached in the decade between the age of twenty and thirty years, although from thirty to forty most men are remarkably virile. After the age of forty is reached, the decline in sexual vigour begins to set in. This decline is gradual for a matter of ten to fifteen years. At sixty to sixty-five many men are sexually impotent ; most are sterile.

To these general statements there are many and remarkable exceptions. So much so, indeed, that no universal and conclusive rule can be made on the subject of either male potency or sterility.

Where impotency is not caused by any specific physiological or pathological factor, and is not permanent, it is unwise to imagine that the man, even in old age, who is impotent in one set of circumstances, will continue to be impotent in another and entirely different set of circumstances.

In man, sterility is usually present long before impotence manifests itself. The seminal fluid of aged men contains, for the most part, either dead or enfeebled spermatozoa. In some instances spermatogenesis ceases completely with old age.

## II

Except where there are physiological or pathological conditions present in the female which prevent sexual intercourse, no woman, at any age, is truly impotent. She may suffer from *anæsthesia sexualis*, she may be frigid, she may detest the sex act with tremendous vehemence, but none of these conditions represents a state of true impotence.

Complete and permanent sterility results from the extirpation of both ovaries, of the body of the womb, the excision or complete blockage of the oviducts, or the destruction of the connective channel between the vagina and the womb.

Long before the coming of the menopause *most* women are completely sterile. This would appear to apply in particular to those who cease child-bearing many years before this time, and to women who marry comparatively late in life. It has been suggested that continence in women may induce sterility in a temporary or permanent form. If this hypothesis is correct, it would appear to be a fitting explanation of the very numerous cases where women marry late in life and never give birth to a child.

Every woman, after the cessation of ovulation, is sterile. Those rare cases of pregnancy after the occurrence of the 'change of life' are due to the fact that, although menstruation has ceased, ovulation still continues.

## III

Declining sexual power leads many men to use aphrodisiacs for the purpose of stimulating sexual

libido. The bulk of these mechanical and medicinal aphrodisiacs are employed by old and impotent men in efforts to bring about temporary or sporadic sexual rejuvenation.

The methods may be roughly classified under two heads : injurious and harmless. Many of the more dangerous aphrodisiacs are poisonous or irritant preparations which stimulate the genitalia, particularly the urethral canal, and give the impression of sexual activity. Perhaps the most notorious is cantharides (prepared from the beetle, *cantharis*), to which many references have been made in the erotic literature of the past. Cantharides was the agent used in the candies which the Marquis de Sade presented to the ladies of a Marseilles brothel with tragic results : an event which led to his prosecution and imprisonment. It was cantharides which represented the aphrodisiacal element in the pastilles which were popular in the French salons during the time of Madame du Barry. Many deaths have resulted from the use of this irritant : priapism (painful erection) is a common aftermath.

Much the same may be said regarding damiana, phosphorus and the arsenical preparations. The various compounds of cocaine and opium are dangerous in the sense that after a temporary and initial stimulative effect, they cause impotence in the male, and sometimes vaginismus in the female.

Now, bad as are the effects of these irritants, poisons and narcotics upon the young and middle-aged who are afflicted with partial or temporary impotence, they have immeasurably more injurious

effects upon those over sixty years of age who seek to lessen or to bridge the gulf between sexual appetite and power. In younger persons there is a possibility that, as a result of the confidence resulting from faith in the aphrodisiacal powers of these preparations, some beneficial results, although only perhaps temporary or sporadic, may be secured ; but in senile and permanently impotent men no improvement whatever can be effected. The only result is congestion in the genito-urinary apparatus, a state which at such a time in life may have far-reaching results.

Aphrodisiacs which, for occasional use, are non-injurious are mustard, pepper, ginger and other condiments or spices. Their irritant action upon the bladder and the urethra help erection of the penis.

#### IV

The retention of sexual power in old age is far preferable and in every way superior to any attempts to regain what has been lost or seriously undermined. That sexual capacity can be retained to extreme old age in certain circumstances has been proved again and again. The secret of such retention is not in the use of any medicines and drugs, or in the employment of any operative technique, but in a right mode of living.

Scientists and medical men are only just beginning to realize how important is the connection between nutrition and sex. It is true that in recent years, the immense importance of nutrition in relation to the treatment and cure of many diseases has, largely in consequence

of the pioneer work of dietetic specialists, been somewhat reluctantly admitted by the medical profession, but, as yet, little attention has been given by either dietetic experts or physicians to the question of the effects of nutrition upon sexual capacity and fertility.

In the first place, it may be stated basically that the urge to satisfy the appetite for food and drink is greater than the urge to satisfy the sexual appetite. I have already drawn attention to this dominance (see Chapter I). The starving man's first thoughts are of satisfying his hunger. The well-fed man's thoughts usually turn to sex. In this twentieth-century civilization, members of the prosperous middle-class as well as the wealthy sections of society and the aristocracy, are all relieved of the slightest anxiety on the ground of satisfying the call of hunger. The increase in the sexual urge has been a noticeable feature of the development of civilization, and the continual reduction of the amount of energy displayed in the search for food. The same thing is observable in animal and bird life. Under domestication, all animals and birds show increased sexual appetite commensurate with the increased opportunities for its indulgence.

This does not mean that the more food is consumed the greater the sexual appetite. It merely means that the freedom from hunger, from preoccupation with the search for food, leaves man at liberty to give attention to his other great urge, that of sex. Which is something quite different. Where the concentration on food is obsessional, the matter is on another footing altogether. There

are, as a rule, pathological consequences which lead to the destruction of sexual appetite as well as sexual power.

These fundamental points have, it is true, been noted, but their significance and their implications seem to have been either overlooked or ignored. Any connection between nutrition and sex seems to have been restricted to a consideration of the effects of certain specific foods upon sexual capacity. For, from the earliest days, many foods have been thought to possess aphrodisiacal properties.

In the front rank stands meat, and the king of meats for this particular purpose is venison. Dairy produce, eggs ; and among fish products, oysters and caviare, have reputations which survive undiminished through the centuries. Of fruits and vegetables, there are tomatoes, celery and asparagus. According to John Davenport (*Aphrodisiacs and Anti-aphrodisiacs*), truffles and mushrooms were held in high esteem as erotic stimulants, from the days of the ancient Romans ; while we have it on the authority of the Bible that the mandrake was a sovereign remedy for female sterility. All alcoholic drinks, with champagne at the head of the list, are reputed to possess great sexually stimulative powers ; hot and pungent spices and sauces, too.

Consumed in strict moderation, and used not regularly but occasionally as stimulants, these various foods and drinks no doubt have their uses at times when, for one reason or another, physical or mental tiredness or debility may lead to sluggish response to sexual appetite, especially if the individual partaking of them is imbued with great

faith in their virtues and potency. But in no general sense, and over no extended period of time, will any specific foodstuff have a rejuvenating or sexual invigorating effect.

The secret of the retention of sexual vigour in old age is really no secret at all. It is concerned with the retention of general health and vigour, through acquaintance with the science of nutrition.

Overfeeding and overdrinking should be avoided. Little meat is necessary. Eggs and cheese will supply all the protein necessary. An excess of protein, such as results from over-consumption of meat, causes a constantly increasing strain to be placed upon the vital organs. Congestion is also caused by the habit, so common with advancing years, of spending hours on end doubled up in easy chairs.

To sum up, the retention of sexual power in old age is possible by cultivating a sane healthy method of living, and avoiding *excess* in any shape not only as regards sexual activity but also in the consumption of food and drink.

## CHAPTER XX

### PRACTICAL ASPECTS OF REJUVENATION

#### I

IN an early chapter of this book attention has been drawn to the part played by the ductless glands in the development of sexual power and its manifestations as applicable to the individual. It is now necessary, in order that rejuvenation by operative technique may be understood, that the work of these glands, and of the testicles, should be examined in greater detail.

The ductless glands are continually producing and contributing to the blood stream various secretions, known as hormones, which have most important effects upon the whole metabolism, increasing cellular development and organisational activity. Thus it is only when these glands begin to function fully, properly and adequately (*i.e.* at the time of puberty) that the secondary sexual characteristics appear, and the quality of maleness, in its true sense, shows itself. These glands continue to provide the essential hormones all through the years of sexual maturity and activity. Then the time arrives when the glands begin to decline in their potency, and the flow of hormones into the blood steadily decreases, with a corresponding decrease in sexual virility. It is important to note

that the decline in sexual virility is coincident with the coming of old age, both resulting from decreased glandular activity.

The testicles rank high in importance among the glands which pour their secretions and hormones into the blood stream, as well as producing spermatozoa. Now, as we have seen, with age creeping on, the testicles slow down in their production of spermatozoa on the one hand and hormones on the other, resulting in a decrease in both fertility and sexual capacity.

In a crude and vague way, primitive man realized that testicular secretions had some distinct connection with sexual vigour : hence the swallowing of animals' semen and even man's semen for aphrodisiacal purposes. In civilized countries the same practice was followed, in some cases openly, in others surreptitiously.

The error made in all these early beliefs and experiments was in assuming that seminal fluid was responsible for the sexual characteristics or powers of the male—the internal secretory powers of the testicles and of the various ductless glands were unknown.

The same error is made by those who preach the virtues of sexual abstinence for rejuvenating purposes. They contend that by avoiding coitus, the seminal fluid, instead of being ejaculated, is reabsorbed into the system to the benefit of the male. It is this same claim that has so repeatedly been made in favour of the system of sexual intercourse without ejaculation practised by the members of the Oneida Community, and referred to by Noyes as 'Male Continence,' and by other

writers under the names of 'Karezza,' 'Zugassent's Discovery,' *et al.* (see Chapter XI).

Since the discovery of the functions of the ductless glands, and with newer knowledge appertaining to the hormones produced by these glands, various preparations have been made, for which great virtues are claimed. These modern glandular extracts were, in a sense, anticipated by Brown Séquard, who, in 1890, injected into his own body a preparation derived from a dog's testicles, and claimed that the result was the reinvigoration of his mental energy and the restoration of the physical powers he possessed in his younger days. To-day these extracts are prepared from the ductless glands as well as the testicles of various animals. In some cases, they are injected ; in others, they are taken in tablet form. They are, however, more in the nature of aphrodisiacs, serving a purely temporary purpose, than rejuvenating agents.

## II

In recent years rejuvenation by operative technique has startled the world, and been the subject of many sensational statements in the world's Press.

In view of the known effects of the testicular secretion upon sexual characteristics and virility, Voronoff, Lichtenstern and Steinach made extensive experiments upon animals. Among the first of these experiments was the transplantation of a testicle from a virile young male into a castrate : the result was the restoration of male potency to the eunuchized animal. Another set

of experiments were concerned with the transplantation of ovaries removed from females into young emasculated males. Here the male characteristics degenerated, while corresponding female characteristics developed, and the metamorphosed animal exhibited female sexual desire and reaction.

It was as a result of experiments along these lines that the idea was evolved of transplanting testicles removed from young healthy animals, notably monkeys, into old or senile men. The testicles thus introduced, it was claimed, started to produce their valuable secretions, thus bringing about the rejuvenescence of the senile individual. These experiments, when applied to man, in contradistinction to the results secured in animals, proved more or less transient and sporadic. They also met with considerable criticism, it being pointed out that much of the reputed benefit could be attributed to the power of suggestion. Further, in some instances, there was observable, after an initial spurt, marked degeneration and decadence, ultimately leaving the individual in a far worse state than previous to the operation. Later experiments on a much more restricted scale, with testicles removed from young healthy men, proved far more successful. Here, however, there was experienced an obstacle to any large scale experimentation—an obstacle which cannot be got over. The number of such healthy testicles available for transplantation is, and must inevitably be, extremely limited, seeing that only in cases of fatal accidents, executions, and the comparatively rare cases of undescended testicles, are suitable organs available.

Since testicle transplantation has fallen into disfavour, increasing attention has been concentrated upon the Steinach autoplasic operation designed to the same end. Here there is no transplantation of glands, animal or human. The technique consists of increasing the secretions of the man's own testicles by bringing spermatogenesis to an end, and thus forcing the testicles to concentrate upon hormone production. The operation consists of cutting, tying or excising one or both of the *vasa deferentia*, as in the case of vasectomy for sterilizing purposes.

The difficulty in this method is that where any physiological defect or pathological condition exists the operation will fail to produce the desired results. Unfortunately, in the majority of aged men some diseased condition of the testicles does exist.

We have already seen that the transplantation of an ovary into a castrated male animal leads to the acquirement of female characteristics and habits. Where this transplantation was into an aged female the results were just as remarkable. Hormone production was resumed in all its pristine vigour, in many cases the animals became pregnant. Whatever results might follow similar transplantations from young into aged women, the method is not practicable, except in those rare instances where suitable organs are securable immediately after death from the victims of accidents. There is no method of female rejuvenation analogous to vasectomy.

## CHAPTER XXI

### INJURIOUS AND DANGEROUS SEXUAL FALLACIES

IF I were asked to signify what, in my opinion, is the most dangerous of the many existent fallacies connected with sex, I should, without the faintest hesitation, plump for the belief that the sex act in man is instinctive. It is this belief that is largely responsible for many other associated and subservient misconceptions, and which leads to the contention, beloved by so many people, that sexual knowledge is unnecessary and superfluous.

It is not in any way strange that the public should have grasped the idea of the instinctiveness of coitus. A number of authoritative writers, including many medical men, biologists and psychologists, have referred repeatedly to the sex act as an instinctive phenomenon. A notable exception is the English sexologist, Ryley Scott, who, in various treatises, has exposed the fallacy of this belief in the sex instinct.

This is not the place to go into the difference between what is instinctive and what is acquired, as it would involve a long dissertation upon automatism in relation to thought-processes and the psychology of primitive man, but suffice it to say

that the tropistic motivations of animals and savages no longer form part of the hereditary concepts of mankind. Animals are brought together in sexual congress by instinct due to automatic processes at certain specific times. These processes do not occur in the modern human animal. The instinctive automatism of the animal has been replaced and outmoded by a desire for sexual intercourse irrespective of any natural forces or laws working towards a specific end. This momentous distinction between man and animal is due solely to the development of sexual technique *as an acquired art* under civilization. The manners, customs, taboos and codes of morality which have repressed sex on the one hand, have developed it on the other—but in the course of these repressions and developments all that could be conceded to be automatic in connection with sex, beyond the emission of spermatozoa from the overcharged seminal vesicles, has been stagnated or crushed.

If any evidence of the truth of this lack of so-called sex instinct were needed, it is provided in the fact, of which the evidence is as incontrovertible as it is voluminous, that many men have no knowledge of how to perform the coital act. There are instances brought to light in the case-histories of gynecologists, genito-urinary specialists, sexologists and psycho-analysts, where, for years, penetration has been urethral instead of vaginal, and others, where complete coitus has never been practised. There are also the confessions of many men to the effect that they had not the faintest notion of how to perform intercourse before

visiting a prostitute for the specific purpose of initiation. Finally, it is beyond any dispute that many virgin females even to-day marry without the faintest idea of what constitutes the sex act, while in previous ages the majority of such females were in a like position.

Men are always reluctant to admit any lack of sexual knowledge, and for this reason they are disposed to profess the possession of a degree of sexual proficiency that is largely apocryphal. This peculiarity, and the absence of any instinctive sex knowledge, are the primary causes of many marital failures.

## II

Perhaps the second most mischievous fallacy is concerned with woman's virginity, and the evidence of it which is alleged to be afforded by the haemorrhage that occurs on the occasion of the loss of maidenhood. For this fallacy, and its persistence, ancient literature, in particular the Bible, seems to be largely responsible.

In Morocco, in the seventeenth century, according to Dr. Amboise Paré, so universally accepted was this belief, that the wedding festivities did not begin until the bride had been proved a virgin. After defloration, the bridegroom handed to a waiting woman a piece of bloodstained linen. If no haemorrhage followed intercourse the wedding festivities were abandoned and the bride sent home in disgrace.

A terrible amount of suffering, unhappiness and tragedy have been and are caused through this belief. The absence of first-night haemorrhage

is, to most men, even to-day, a cause for grave suspicion, and in some cases results in open and angry allegations of pre-marital intercourse.

This haemorrhage is the result of the penis forcibly rupturing the hymeneal membrane which, normally, partially occludes the vaginal opening (see Chapter II). In some cases, in consequence of some malformation of the hymen, the opening is large enough to admit the male penis, and there is therefore no haemorrhage. Or the membrane, while almost occluding the vaginal entrance, may be loose, elastic, or what is termed the folding variety, with the result that the penis forces its way into the passage without actually rupturing the hymen, when again there is no bleeding. Such cases are, however, comparatively rare, though they do occur. But what is common, particularly in these days of female emancipation, is for the hymen to be accidentally destroyed before marriage.

There are numerous ways in which the membrane may be ruptured accidentally, and often without the knowledge of the female concerned. In these days, when girls engage in sports, games and gymnastics, involving strenuous exercise, rupture of the hymen is not uncommon : regular douching of the vagina with a syringe may stretch the membrane ; self-abuse, practised with the aid of certain implements, may have the same effect.

Before leaving this subject of female virginity it is worthy of mention that the contrary belief that an existent hymen and virginal haemorrhage offer indisputable proofs of virginity is equally fallacious. The folding or elastic type already

mentioned still continues to exist after repeated acts of coitus. In medical literature, there are reports of many cases where the hymen has persisted in practically a virginal state after years of married life and even of practising professional prostitution.

There is, too, the possibility of virginity being simulated. In certain Continental, Eastern and South American brothels which specialize in providing virgins for their wealthy clients, this simulation has been brought to a fine art, and we are told it is not unusual for the same girl to part with her virginity a dozen or a score times in succession. Astringent lotions are applied to the vaginal entrance for this express purpose, while the expected hæmorrhage is simulated by arranging the time of intercourse to occur during the menstrual period or by the use of pigeon's or animal blood carefully concealed and skilfully used at the right time. In other cases, the appearance of virginity is artificially produced by surgical measures.

### III

The venereal infections, surrounded by a farrago of ignorance and superstition, are the source of several fallacies. These fallacies are concerned both with the cause and cure of the infections.

Extremely widespread are the notions that menstruation and 'the whites' both cause venereal disease. Neither idea has any truth in it. It is possible that intercourse with a menstruating woman who neglects to keep her genitals in a clean

healthy condition may cause a mild urethritis or balanitis. These conditions, though pathological, are non-gonorrhœal and yield quickly to medicinal treatment. It is doubtless owing to the incidence of such cases, which have been confused with venereal infection, that the myths have gained currency.

A fallacy which has much more serious results is the belief that a venereal infection can be 'passed on' to another person, and in particular that intercourse with a virgin or a young girl will effect an immediate cure. This particular belief is as old as venereal disease itself, and however remarkable it may seem, it still persists in America and Europe. It is the sole responsible factor in many of the cases of rape and offences against young girls which figure in the police courts.

It is a sad reflection upon our civilization and the state of the sex knowledge of the public to-day that a superstition productive of such revolting consequences should still survive. The need for enlightenment is great. It should be pointed out by the State, by the medical profession, and by other responsible members of the public, how terrible are the consequences of such a ridiculous belief. No opportunity should ever be let slip of contradicting and exposing the fallacy.

#### IV

There are certain fallacies connected with birth control which, because of their universality and deep-rootedness, are effecting much harm among the community.

Chief among these fallacies is the popular notion that the practice of contraception leads inevitably to the woman becoming sterile. There are no grounds for this belief. No method of birth control at present known to medical science can have any permanent effect on the fertility of the woman. This applies to both male and female methods. It is true, of course, that as the woman gets older she is all the less likely to conceive, irrespective of any anti-conception measures she may be employing, but this applies in any case—it applies to the female who is unmarried and practises complete abstinence. It has nothing whatever to do with birth control *per se*. The inference to be drawn from it is that the married couple who do wish to have children should not overlook the fact that by practising *contraception or abstinence during the early years of married life* they decrease the likelihood of conception occurring purely in consequence of the NATURAL decrease in fertility that comes with age (see Chapter VII). The extent to which this factor applies, depends, of course, upon the ages of both the man and the woman at the time of marriage.

Almost equally widespread is the belief that certain birth-control methods, notably the use of the condom and 'withdrawal,' by preventing ejaculation into the vagina, deprive the female of the alleged benefits resulting from the absorption of the semen. In the present state of knowledge, however, there is no *evidence* available that any such absorption of the semen has beneficial effects upon the female metabolism. There might be some such benefits accruing from the absorption

of the hormone produced by the testicles in the form of an internal secretion, but this secretion is not included in the seminal fluid.

Yet another mischievous fallacy concerning birth control is the notion that the use of contraceptive appliances is injurious to the woman's health. Admittedly, there are certain appliances—notably, the metal cervical caps and the intra-uterine or intra-cervical pessaries—which, in many instances, prove harmful or dangerous. It is unfair, however, to condemn ALL contraceptives because of the deficiencies or dangerous characteristics of the few. There are available plenty of contraceptives which can be used in any circumstances without the slightest risk of injury to health. In this connection, it *may be stated with emphasis and assurance that of the various appliances recommended in this work (see Chapter XI) none will prove injurious, in the circumstances and to the extent of its recommendation, to either the husband or wife.* There is, therefore, no reason whatever why anyone should hesitate to practise birth control on any grounds connected with fear of such injury.

Somewhat allied to the above-mentioned superstition concerning the cure of venereal disease is the belief that intercourse with young and virgin women and girls has a sexually rejuvenating influence upon aged and senile men. So thorough and deep-seated is the belief in the efficacy of this method of rejuvenation that in all civilized countries there are wealthy senescents who are willing

and eager to pay huge sums for the privilege of enjoying this alleged reinvigorating influence. Many marriages between wealthy old men and young women are deliberately contracted for this especial purpose.

The practice is termed Shunammitism because of the marital alliance between David and Abishag the Shunammite in order that the king might restore his lost sexual powers.

Sheikh Nefzawi, in *The Perfumed Garden*, in relation to the effect of intercourse between persons of different ages says that "coitus with an old woman is like a deadly poison," that "he who copulates with a woman younger than himself gains new vigour," that there is no advantage to the man where both are of the same age, and finally that where the husband is younger, it is the wife who benefits. There can be little doubt that these statements, reproduced from this ancient, celebrated and rare love-book, by many writers, through the centuries, coupled with the tale of King David, have had profound effects in the way of cementing and extending the fallacy.

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